

Running head: DEVELOPMENT OF A MANAGEMENT ORIENTATION PROGRAM

**Development of an Orientation Program for Mid-Level Managers at
a Rural Civilian Community Hospital**

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ABSTRACT

In healthcare's dynamic and economically-oriented environment, middle managers are assuming greater roles and responsibilities for producing efficient and effective products and services in a quality manner. Not only must middle managers be technically proficient, but they also must possess and demonstrate high levels of managerial and leadership skills if they are to meet these responsibilities. Many management personnel in the healthcare industry have reached positions of authority without having received formal management training; promoted instead based upon demonstrated technical and or clinical expertise. The focus of this study was to identify perceived orientation and management development needs of department directors and middle managers, and develop a draft product to address those needs at Beaufort Memorial Hospital, a mid-size, not-for-profit rural community hospital located in Beaufort, South Carolina. A major turnover of mid-level managers and department directors that occurred over approximately a one year period of time brought to senior management's attention the need for orientation and training for department directors, and thus prompted the study. Findings of a mailed self-assessment survey instrument indicated a valid need shared throughout middle management for developing mechanisms to communicate relevant information across the

organization. Using those findings, a Department Director User and Information Manual was developed in both hard copy format, and as an electronic hyper-text mark up language document designed for posting on the organization's proposed intranet. The purpose of the electronic document is to support employee orientation needs by providing a paperless source of ready reference relative to the operations and policies of the organization. In this manner, information considered germane could be readily accessible by all intranet users, and easily updated by an assigned system administrator.

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INTRODUCTION

In healthcare's dynamic and economically-oriented environment, middle managers are assuming greater roles and responsibilities for producing efficient and effective products and services in a quality manner. Not only must middle managers be technically proficient, but they also must possess and demonstrate high levels of managerial and leadership skills if they are to meet these responsibilities (Longest, 1997; Fidler, 1996; Griffith, 1995). Many management personnel in the healthcare industry have reached positions of authority without having received formal management training; promoted instead based upon demonstrated technical and or clinical expertise (Paradis, Lambert, Spohn, & Pfeifle, 1989; Mark, Turner, & Englehardt, 1993; Griffith, 1995). Additionally, Kaluzny (1989) notes, "middle management traditionally has tended to suffer from benign neglect vis-à-vis attention given to top executives in the management of strategic change." This often results in healthcare managers developing those required skills based on trial and error, or if fortunate, under the tutelage of an experienced mentor. Griffith (1995) notes that "one of the tasks of senior management is to help middle managers by coaching, by graduated experience opportunities, and by example." With guided and supported practice and experience, middle managers cultivate necessary skills (Nilson, 1998). In

today's healthcare environment, trial and error approaches to individual development tend to be inefficient, implying unnecessary waste, rework, and redundancy (Paradis, Lambert, Spohn, & Pfeifle, 1989).

From an organizational perspective, orientation programs are generally designed generically, i.e. in a "one-size-fits-all" approach given to all new employees regardless of organizational assignment. According to the Management of Human Resource Standards, HR.4., outlined in the 1997 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements manual, organizations are required to provide initial job training and information to new employees via an orientation process which also serves to assess employee abilities to fulfill work responsibilities. In addition to satisfying regulatory requirements, orientation programs serve to provide the new employee(s) with information relative to organizational norms, values, mores, beliefs and culture (Fottler, Hernandez & Joiner, 1994), help "the new employee feel more like 'one of the family,' ... and help minimize the 'reality shock' some new employees undergo" (Dessler, 1983). Ivancevich and Glueck (1983) liken the organizational orientation program to a socialization process, stating that "the most significant part of orientation is the human side." Abruzzese (1992) provides the American Nurses' Association

Council on Continuing Education and Staff Development Education definition of orientation as "the means by which new staff members are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting." As it is well known that first impressions are generally lasting and set the tone for future interactions, organizations have an excellent opportunity to assist in providing employees with positive attitudes relative to the new work environment by providing new employees a positive orientation experience (Allen, 1992). Ivancevich and Glueck (1983) indicate that research shows that initial experiences with an organization are important predictors of future managerial performance. Newly hired or promoted managers without adequate leadership and management skills, knowledge, and abilities (SKAs) may find themselves at a disadvantage and disappointed if they expect to be provided an overview of required SKAs during an orientation process (Paradis, Lambert, Spohn, & Pfeifle, 1989).

According to Ivancevich and Glueck (1983), an effective orientation process has several significant purposes. Start-up costs that an organization realizes for the time it takes for a new employee to become experienced and efficient on the job are reduced. Also, less time is necessary for experienced coworkers and supervisors to be absent from their primary work

responsibilities in order to orient a new employee. Fear and anxiety that new employees experience is reduced through an effective orientation program that creates a favorable impression of the organization and its work. This leads to better employee morale, increased buy-in and loyalty to organizational mission and goals, and ultimately cost avoidance of high employee turnover rates (Ivancevich & Glueck, 1983). Though not necessarily quantitative in nature, effective orientation programs assist new employees to develop realistic job expectations, positive work attitudes, and subsequently job satisfaction (Ivancevich & Glueck, 1983). Positive attitudinal behaviors result in better productivity through reduced waste and rework, and results of these improvements may be quantitatively measured through follow-up assessments (Mathis & Jackson, 1982; Paradis, Lambert, Spohn, & Pfeifle, 1989; Fottler, Hernandez & Joiner, 1994).

The focus of this study is to identify perceived orientation and management development needs of department directors and mid-level managers relative to their work roles at Beaufort Memorial Hospital (BMH), a mid-size, not-for-profit rural community hospital that first opened in 1944, located in Beaufort, South Carolina (BMH, 1991). Additionally, and based upon the findings of this study, a draft manager's orientation manual, designed as a working manual and ready reference guide

to organizational programs, policies, and procedures will be formulated.

BMH is a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited full-service hospital licensed with 170 beds: 106 acute care beds; 44 skilled nursing/rehabilitation beds and 20 psychiatric beds. BMH is located in southeast South Carolina on the Beaufort River in Beaufort County, serving the needs of a rapidly growing rural three-county area. According to demographic information reported by the Greater Beaufort Chamber of Commerce (1998), BMH is the sixth largest employer in Beaufort County, with approximately 850 employees. Employment numbers are surpassed only by the areas' three military bases, i.e., Marine Corps Recruit Depot (Civilian Personnel), Beaufort Naval Hospital, and Marine Corps Air Station (Civilian Personnel); the Beaufort County Board of Education; and Beaufort County employees.

Beaufort County is comprised of 64 major islands and many smaller islands along the Atlantic Ocean of the southeast coast of South Carolina. The city of Beaufort is located on the major island of Port Royal. According to Greater Beaufort Chamber of Commerce (1998), "Beaufort County was the fastest growing in the state, up 15.5 percent. There were 86,425 people in the area in 1990, and that number increased to 99,841 by 1995." Projected population estimates for Beaufort county in 2000 are 129,244.

This indicates a 50 percent change in the overall population in a ten year period of time. (Greater Beaufort Chamber of Commerce, 1998).

The vision of BMH is to "lead in integrating a system of health care resources responsive to the needs of our changing community" (BMH, 1991). In alignment with its vision as well as to accommodate the challenges associated with the varied and rapidly growing marketplace, BMH has dramatically increased its scope of services since it first opened. Due to its isolated and island nature, "there is even an emergency boat dock for faster transport of boating accident and drowning victims and a helipad for airlifting more severe cases to hospitals in Charleston or Savannah, GA" (BMH, 1991). BMH's mission is: "To deliver quality health care services in cooperation with other health care providers to meet the needs of the population in our service area" (BMH, 1991). According to Mrs. S. Gordin, Vice President, Human Resources, various sources of information are used to determine the need for adding or modifying services, and facilitate the recruitment efforts for board certified or board eligible medical staff. Information sources include but are not limited to internal and external databases, current community needs assessments, and vital input from the Board of Trustees, Medical Staff, employees and patients. Table 1 lists the services provided by BMH. Collectively, they span the health

continuum for the population and are in alignment with BMH's mission.

Table 1: BMH Medical Specialties and Services

Anesthesiology	Nuclear Medicine
Arthroscopic Surgery	Nursery - Level II
Audiology	Nutrition Outpatient Counseling
Autologous Donor Site	Obstetrics
Cardiology	Occupational Therapy
Cardiac Rehab	Oncology
Community Education	Ophthalmology
CT Scan	Orthopedic Surgery
Dentistry	Otolaryngology
Dermatology	Outpatient Physical Therapy
Echocardiography	Outpatient Surgery
Electroencephalography	Pacemaker Technology
EMC Evoked Response	Pain Management
Emergency Care	Patient Financial Services
Environmental Services	Pathology
Family Practice	Pediatric/Adolescent Care
Food & Nutrition Services	Pharmacy
Gastroenterology	Physical Therapy
General Surgery	Podiatry
Gynecology	Primary Nursing Care
Hand Surgery	Public Relations
Hand Therapy	Psychiatry
Hematology	Pulmonary Medicine
Hemodialysis	Quality Services
ICU/PCU	Radiology
Infection Surveillance	Respiratory Therapy
Internal Medicine	Social Services
Joint Replacement	Spine Surgery
Joint Ethics Committee	Thallium Stress Testing
Laposcopic Surgery	Trauma Care - Level III
Laser	Ultrasonic Imaging
Lithotripsy	Ultrasound
Mammography	Urology
Materials Management	Utilization Review
Nephrology	Volunteer Services
Neurology	

Source: Human Resource Department, BMH, 1997.

CONDITIONS WHICH PROMPTED THE STUDY

A major turnover of mid-level managers and department directors that occurred over approximately a one year period of time at BMH brought to the focus of senior management's attention the need for orientation training for department directors and managers. According to Longest (1997), changes in leadership and management often provide opportunities to rethink the way existing practices and policies are organized and executed. New managers bring with them new ideas and fresh perspectives relative to their areas of expertise. Formal orientation training is provided to all new personnel at BMH during monthly training sessions. Table 2 lists topics covered during employee orientation. Feedback received during and subsequent to initial interviews with new department directors identified perceived requirements for further orientation to hospital policies, procedures, and philosophies relative to the specific needs of department directors.

Table 2: Employee Orientation Program Topics

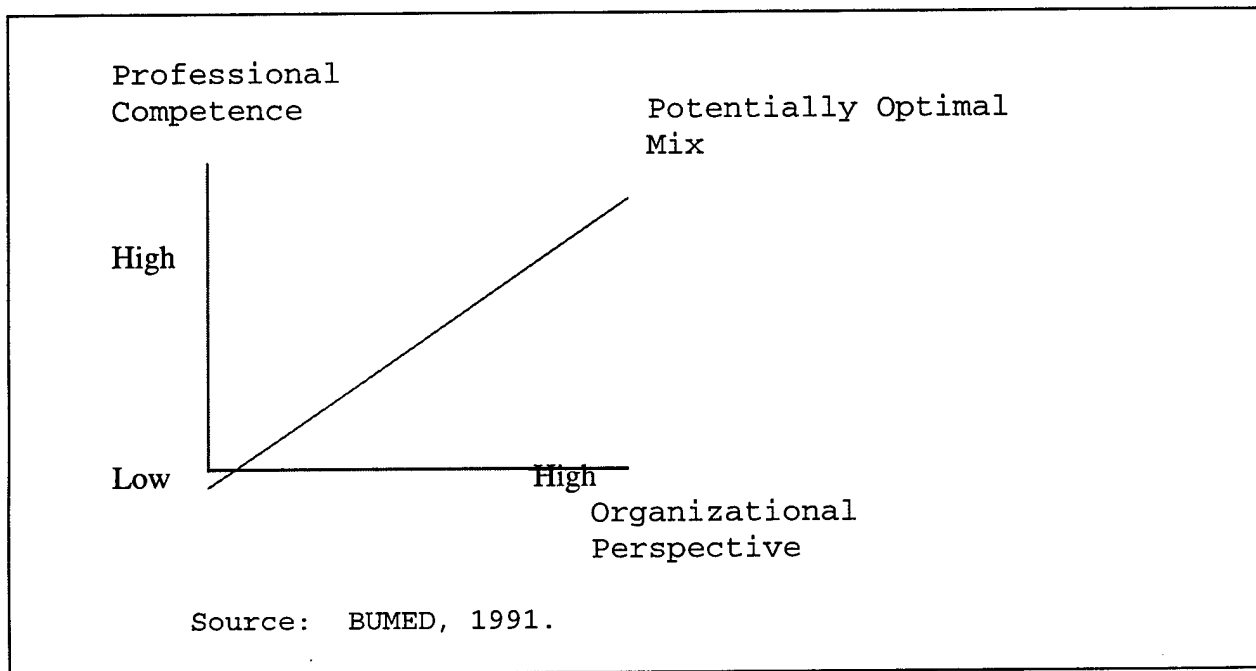
Hospital Mission, Vision, Values	Payroll Procedures
Attendance Procedures	Performance Management System
Employee Benefits	Staff and Patient Rights
Advance Directives	Confidentiality of Information
Sexual Harassment	Blood Borne Pathogens
Disasters, Safety, OSHA	Infection Control
Emergency Preparedness	CQI/Risk Management
Source: Human Resources Department, BMH, 1998.	

According to Mrs. S. Gordin, management personnel are hired based upon SKAs and attitudes achieved through a combination of formal education, professional certification, and work experience. According to senior management expectations, department directors and other mid-level managers should be able to perform according to professional role requirements upon employment. Personnel hired at the mid-level management level are expected to possess a high level of professional competence as well as a sound organizational perspective upon completing hospital orientation. They are expected to be adept at solving "big picture" issues as well as the minutia of day-to-day operations.

The U. S. Navy Bureau of Medicine and Surgery (BUMED) acknowledges the significance of professional competence and

organizational perspective in the career development of its Medical Department Officers as demonstrated in figure 1. Levels of professional competence are charted on the y-axis, and are defined as "knowledge of one's roles not only for today but also for tomorrow, and mastery of the skills required" (BUMED, 1991). Educational credentials may be a measure of professional competence. Professional behavior is defined by Harwick, Harwick and diZerega (1997) as that which meets the "standards of their discipline, which are in turn derived from formal knowledge acquired through protracted education at an institution of higher learning." The x-axis indicates increasing knowledge relative to organizational perspective. Gained SKAs in a variety of organizational settings increases managers' knowledge and appreciation of other specialties and services within the organization, thus adding to their organizational perspective. Personal growth and organizational perspective are gained through exposure of and experience to the culture, norms, and routines of organizational operations (Nilson, 1998; BUMED, 1991). The ideal situation is to have appropriate levels of professional competence and organizational perspective relative to position requirements and responsibilities (Rowland & Rowland, 1993; Paradis, Lambert, Spohn, & Pfeifle, 1989).

Figure 1: Mid-Level Managerial Attributes



There are resources in place and available at BMH to address these position requirements. Position descriptions are available in the Human Resources Department that provide an overview of professional competence levels required for the position. Monthly department director meetings, along with other administrative and clinical meetings provide avenues for sharing information face-to-face. Resources are available at the organization in the form of organizational and departmental standard operating procedure (SOP) manuals to assist gaining organizational perspective. However, such information is not centrally located in an easy to use reference manual. Existing capabilities of current information system technology at the organization do not allow for policies, procedures, or processes

to be placed on an electronic bulletin board or intranet for onsite or remote access. Meditech, the organization's primary information system, does provide a forum for electronic dissemination of mail along with other administrative and clinical information for short-term storage.

STATEMENT OF THE PROBLEM

The problem was to ascertain perceived orientation, information, and training needs of mid-level managers at BMH as the major question of the study. An accurate needs assessment had to be the starting point for this project. Upon identification of needs, a draft manager's orientation and information manual was formulated as a recommended guide to preliminarily satisfy the problem at BMH.

LITERATURE REVIEW

According to Griffith (1995), middle managers are those exercising authority over and having responsibility for several operational centers, i.e. organizational units run by first-line managers. In this manner, middle managers control the efforts of first-line managers, but like first-line managers, are themselves subject to managerial control from superiors (Ivancevich & Matteson, 1996). Middle managers serve as a linking pin or a conduit, serving and communicating the needs of both senior or executive management, as well as subordinates. In addition to vertical communication, middle managers communicate with peers horizontally, i.e. across departmental boundaries. From a systems perspective, operational work flow occurs through processes that cut across departmental boundaries. As quality product and service outcomes rely on effective interdepartmental relationships, middle managers assist in preserving required peaceful coexistence throughout the organization's vertical and horizontal dimensions (Rummler & Brache, 1991; Longest, 1997).

Orientation, training, and management development are elements of staff development activities in health care facilities (Rowland & Rowland, 1993). Fottler, Hernandez and Joiner (1994) identify orientation as a specific event occurring once during employment. Mathis and Jackson (1982) contend that

orientation is an ongoing process, part of an employee's lifelong learning process, designed to reorient seasoned employees and introduce new employees to current organizational matters. Allen (1992) cites "the most pressing reason to have a continuous training program is that with the passage of time, people forget." He contends that it is in the best interest of the organization to continuously reemphasize those policies that are important to the organization. According to Rowland and Rowland (1993), the purpose of management development is to improve "administrative and material skills" generally for long term benefits.

Much has been written to date in the realm of management development and orientation. Dubrin, Ireland, & Williams (1989) define management development as "any planned attempt to improve the effectiveness of present or future managers." This is a wholesale definition, spanning the full range of management positions throughout any organizational hierarchy. As such, part of the planning process for any management development training curriculum or orientation program should include appreciation of the current educational attainment, years of experience, and employment positions of the intended audience (Brandt, 1996). Brandt (1996) also recommends that course objectives, content, and methods should be geared to the needs of the audience. Using a diagnostic approach, orientation

programs should be adapted and administered relative to the recently hired manager's experience and maturity level (Ivancevich & Glueck, 1983; Dunne, Ehrlich, & Mitchell, 1988). Poorly executed programs, programs considered a waste of time, or those not mindful of the participant needs are not well received, and provide minimal return on investment (Rowland & Rowland, 1993; Gill, 1997). Rowland and Rowland (1993) also recommend that careful analysis of a program's costs to its projected benefits be performed prior to committing resources to implement it. They also recommend to avoid training "employees in areas in which they are already proficient, and learning for learning's sake."

Physicians must develop leadership and management skills in addition to maintaining their clinical skills if they wish to remain successful in today's healthcare marketplace. They look for clear value if committing to educational programs.

"Physicians seek programs that have a direct connection and benefit to their professional practice and development; they are less interested in those that focus on theoretical concepts or healthcare management 'fads'" (Gill, 1997).

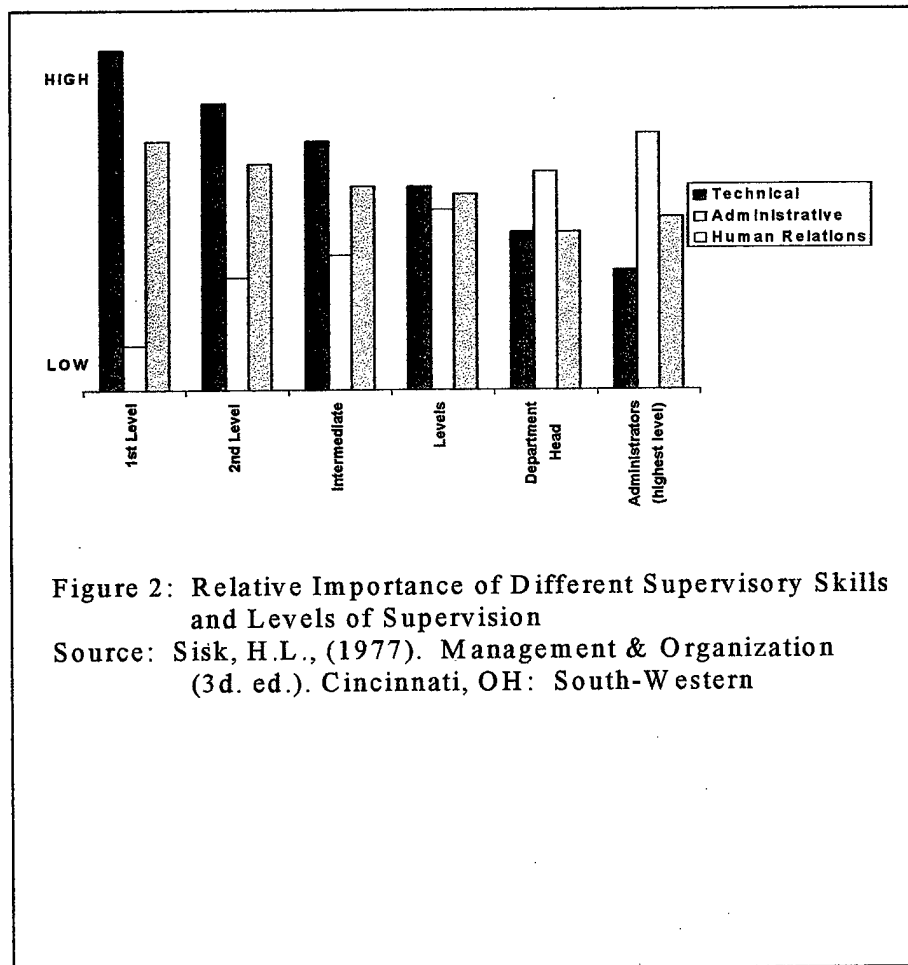
Course content and methods will and should exhibit much variation relative to the SKAs and organizational position of the program participants. Sisk (1977) organizes required supervisory SKAs into three broad skill areas: technical

skills, administrative skills, and human relations skills. Taken from Sisk (1977), Figure 2 demonstrates the relative importance of each of these skill areas as individuals progress in managerial positions. Note that Figure 2 extends from a first line supervisory level to that of administrators, considered the highest management level. Although Sisk's work is 21 years old, it remains academically relevant in depicting the relative importance of different skills required of supervisors across the managerial continuum. Griffith (1995); Rowland and Rowland (1993); and Dunne, Ehrlich and Mitchell (1988) all recognize the commonality of broad skill sets needed by all levels of supervisors and managers. They validate Sisk's depiction of the differences in degrees of importance of the noted skills as one's duties and responsibilities change relative to one's supervisory or managerial position.

A study by Hudak, Brooke, and Finstuen (1994) predicted future SKAs required by senior medical treatment facility leaders. It is interesting to note that although the audience in this study (i.e. private sector mid-level managers) is different from the study conducted by Hudak et. al. (i.e. senior or executive level military healthcare managers), SKA requirement similarities are noted. It is inferred that requirements relative to position description determine the depth of particular SKAs needed. According to Hudak et. al.,

"future leadership will require enhanced financial, quantitative, and technical skills, as well as competence in a broad array of interpersonal and communication skills."

Figure 2. Relative Importance of Different Supervisory Skills



Operationally, Sisk (1977) defines technical skills as those that are industry specific, and positionally required in order to appropriately train subordinates. Administrative skills include the tenets of management, i.e. planning, organizing, directing, controlling, and encompass more of a

systems view of organizational operations. Human relation skill involves knowledge of organizational and personal behavior principles, communication, conflict management, motivation, culture importance, work roles and interpersonal relationships among others. Dunne, Ehrlich, and Mitchell (1988) outline the concepts of resource management, people management, professional network development, and management strategies as a collective framework from which to develop management development curricula. Phillips (1985) essentially parallels Sisk's skill areas and outlines a compilation of subjects under: human relations skills, managerial skills, technical skills, and safety procedures. Table 3 outlines skill area content recommendations for formal supervisory training programs. Course content, depth, and presentation methods should be developed relative to participant needs and position in the organizational hierarchy.

Table 3: Recommended Formal Supervisory Training Topics

Human relations skills	Managerial skills
- Oral communication	- Role of the manager
- Discipline	- Meeting objectives and priorities
- Leadership	- Managing time
- Motivating others	- Organizing and planning
- Counseling and coaching	
- Understanding human behavior	
- Developing and training subordinates	
- Selecting employee	
- Avoiding discrimination charges	
- Written communication	
- Evaluating and appraising others	
Technical skills & Safety Procedures (relative to the workplace)	
Source: Phillips, J. J. (1985). <u>Improving Supervisors' Effectiveness</u> . San Francisco, CA: Jossey-Bass.	

Dubrin, Ireland, & Williams (1989) address management development programs with an emphasis placed on acquiring cognitive knowledge and skills or interpersonal skills. Table 4 provides a representative sampling of this type of classification. Wolper and Peña (1987) provide similar content recommendations for management development programs, with an increased emphasis on interpersonal skill development and in-depth knowledge of human resource policies.

Table 4: A Sampling of Management Development Programs

Emphasis on Acquisition of Knowledge & Cognitive Skills	Emphasis on Development of Interpersonal Skills
<ul style="list-style-type: none"> - Financial management for nonfinancial managers - Quality assurance and control - Quality circles for the service organization - Developing a quality circle in any organization - Matrix management - Essentials of international management - Zero-base budgeting - Forecasting techniques for marketing managers - Project management - Planning and control techniques - Just-in-time inventory control - Spreadsheet analysis for managers 	<ul style="list-style-type: none"> - Developing leadership style - Assertiveness training for managers - Conflict resolution - Coaching and counseling employees - Prevention/control of sexual harassment - Negotiating skills for managers
<p>Source: Dubrin, A. J., Ireland, R. D., & Williams, J. C. (1989). <u>Management & Orientation</u>. Cincinnati, OH: South-Western Publishing Co.</p>	

PURPOSE

The purpose of the project was to identify perceived orientation and information needs of middle managers at BMH, and to provide recommendations to satisfy those needs or at least assist healthcare executives identify areas for professional development. The combined results of the study were to provide senior management with recommendations for a program along with a draft orientation, ready-reference desk-top manual intended for use by all hospital employees. Additionally, alternatives to formal training were offered based upon research findings.

METHODS AND PROCEDURES

Identification of needs was made through a variety of data collection methods. A written self-administered questionnaire provided to department directors and other mid-level managers was the primary data collection instrument, and is included as Appendix A. The survey instrument contains organizationally defined BMH Management Competency standards with associated knowledge areas that are defined as critical to a department director's "tool kit." Department directors were asked to rank those areas where they perceived additional training would prove beneficial. Personal interviews with various mid-level managers were used to clarify and confirm survey feedback, as well as identify key organizational processes. Additionally, review of existing resources such as organizational instructions or directives and departmental policy and procedure manuals was performed. Study variables were primarily qualitative in nature, focusing on perceived needs and interpretation of current industry practices. Supporting objectives were to review current industry practices or approaches relative to these issues in order to determine existing benchmarks and or models which may be utilized as a framework to develop a local customized program.

The subjects targeted in this study were administrative and clinical mid-level managers employed at BMH. The study

instrument was a categorical response scale consisting of a self-administered survey and questionnaire that provided for ordinal measurement of data. The instrument was distributed to personnel whom the Vice President of Human Resources at BMH identified as mid-level managers or department directors. The survey titled Management Development Needs was developed from a listing of management competency standards locally developed and required of all mid-level managers at BMH. The survey was divided into four categories: Demonstrates Appropriate Supervision; Initiates, Promotes and Fosters Staff Development; Demonstrates Effective Interpersonal Skills; and Provides Effective Leadership. The survey required the subjects to rate the top five knowledge areas in each of the categories in which they believe additional information or training would most benefit them. The survey used a five point rating scale to identify respondent preferences and perceived levels of need. On the scale, one (1) is used for the most desired area of additional training need, and five (5) designates the least desired. To facilitate a high response rate, Ms. Gordin informed the department directors of the nature and intent of this project during a monthly department director meeting. Additionally a cover letter and an envelope with a return address were provided with the survey instrument in an attempt to further ensure a high response rate (See Appendix A).

RELIABILITY AND VALIDITY

The study instrument itself required participants to respond subjectively, based upon individual perceptions of personal strengths, weaknesses, and needs relative to past training and experience as well as interpretation of survey questions. The accuracy of the survey data is based on the assumption that participants responding to the survey answered all questions honestly. Variables such as individual differences in subjects defining and interpreting the survey instrument, psychological differences relative to individual subject's attitudes and self-perception of abilities provided for variation in subject's survey responses. To increase reliability of survey responses, all department directors were provided both a briefing on the nature and intent of the survey as well as a cover letter accompanying the survey instrument that similarly explained the study.

The survey instrument was developed by the author and BMH Human Resource Specialists, Ms. N. Breedlove and Ms. J. Gibson. Content validity, or the extent to which the survey instrument provided coverage of the topic under study, was confirmed by Ms. Gordin (Cooper & Emory, 1995). In an attempt to increase consistency in interpretation of survey results as a measure of standardization to enhance reliability and reduce bias, the author solely conducted all interviews, as well as collected,

analyzed for content and critical issues, and catalogued all survey responses. The survey instrument results are included in Appendix B.

RESULTS

A total of 36 surveys were distributed as directed to department directors or mid-level managers of which 20 were completed, equaling a return rate of 56 percent. Feedback received from the distributed survey instrument was grouped into topic areas associated with participant interests and concerns for a managerial orientation program and reflective of industry programs. Table 5 delineates those topics. Data from the needs survey were collected and tabulated. The averages of all survey scores were calculated using the mode as the measure of central tendency of the individual responses. Table 6 outlines the top three ranked results of desired knowledge areas associated with established BMH Competency Standards. Appendix B contains both the total results of those calculations as Ranked Management Development Needs, and a grouped by topic summation of the results of the Management Orientation/Training Survey. Follow-up memoranda were forwarded to select mid-level managers as key process owners requesting further information and or clarification on initial survey responses. As such, areas of interest and concern that were identified from the original study instrument were further validated.

Limitations that need to be noted are that this study did not attempt to develop a final program of study, but to provide recommendations and a draft or initial product relative to study

findings. Development of a formalized orientation and management training program was beyond the scope of this study. Additionally, the audience of this study was comprised of middle managers, organizationally referred to as Department Directors (n=36), and therefore entailed a narrow base of orientation requirements.

Table 5: Recommended Management Orientation Program Topics

Managerial Orientation	Corporate Leadership
Hospital Organization	Management Theory & Practice
Human Resource Management	Finance
QA/QI, Process Improvement	Materials Management
Management Information Systems	Biomedical Repair
Safety & Security	Plant Services
Volunteer Services	Dietary Services
Staff Education & Training	Ancillary Services (testing processes)

Source: BMH Management Orientation/Training Questionnaire, 1997.

Table 6: Ranked Results of Desired Knowledge Areas Associated with BMH Competency Standards

BMH Competency Standards	Demonstrates Appropriate Supervision	Initiates, Promotes, & Fosters Staff Development	Demonstrates Effective Interpersonal Skills	Provides Effective Leadership
1st Ranked	Time Management	Disciplining & Counseling	Conflict Management	Team Building
2nd Ranked	Planning & Organizing	Coaching & Evaluating	Effective Communication	Quality Improvement
3rd Ranked	Goal Setting	Delegating	Motivation	Fiscal Responsibility

Source: BMH Management Development Needs Survey Results, 1997.

Findings indicated a valid need shared throughout middle

management for developing mechanisms to communicate relevant organizational information. Examination of managerial feedback identified shared needs in financial management, human resource management, information systems, and quality improvement programs. These findings reflect those noted in other research efforts (Stucky & Waltrip, 1995; Sanford, 1994). Findings also included a validated needs assessment through analysis of received survey data, clarification and confirmation of said information through interviews, as well as collaborative findings discovered during the literature review.

DISCUSSION

Through various methods, this study sought to identify perceived orientation, information and training needs of clinical and administrative middle managers at BMH. Data and information gathering were conducted through a distributed self-assessment survey and a management orientation/training questionnaire. Information from questionnaire responses was further refined through interviews conducted with certain middle managers considered key process owners.

Previous studies on orientation and SKA requirements for middle managers provided a foundation upon which to continue with this course of study (Griffith, 1995; Hudak, Brooke, & Finstuen, 1994; Rowland & Rowland, 1993, Sisk, 1977). BMH senior management expectations as well as organizational philosophies, policies, and procedures were present in a variety of media throughout the hospital; however, such information was not centrally located or conveniently accessed. This study's survey data showed a need for easily obtained relevant information on organizational policies and procedures. This need is especially relevant in today's rapidly changing technological environment where more than ever a need exists to have pertinent information readily available.

BMH policy and procedure manuals contain instructions that provide guidance and direction relative to organizational

operations. Administrative and clinical policy manuals are located in the BMH library. Information pertaining to personnel policies are located in the Human Resource Management Department. Other manuals and departmental SOPs are located throughout the hospital. To respond to survey requests for easily obtained relevant information on organizational policies and procedures, flowcharts of various personnel policies were developed. The intent was to provide concise references and action steps on processes related to these selected personnel policies. The flowcharts were also included as examples or as baselines for further flowchart development and inclusion in the draft Department Director Information and Reference Manual. Flowcharts provide direction and assistance at decision points, where variation in a process usually occurs. A manager may then review the instruction if further detail is required.

The author randomly selected 15 BMH personnel policies as examples to flowchart and include in the draft Department Director Information and Reference Manual. Personnel policies were selected as examples as they are relevant to all employees across the organization. To assist in maintaining favorable employee relations and avoiding possible legal troubles, McWhirter (1994) advises employers and managers to be acutely aware of and sensitive to personnel policies and employee issues. Table 7 outlines the personnel policies flowcharted.

Appendix C, a draft Department Director and Information Manual, contains the flowcharts. This author recommends that process owners in other functional areas flowchart significant processes relative to their areas of expertise as well, and include them upon approval into an approved Department Director Information and Reference Manual.

Table 7: Selected Flowcharted Personnel Policies

Reference	Topic
HR. 1.4.	Sexual Harassment
HR. 1.7	Changes of Personal Information
HR. 1.11	Grievance Procedure (Section 504)
HR. 1.12	Master Staffing Plan
HR. 2.2	Posting & Filling Vacant Positions
HR. 2.5	Employment Offer
HR. 2.6	Health Screening
HR. 2.8 & 2.9	Orientation
HR. 2.10	Performance Evaluations
HR. 2.19	Recruitment of Applicants
HR. 2.20	Employment Process
HR. 3.8	Attendance
HR. 3.10	Progressive Disciplinary Action
HR. 3.13	Problem Solving
HR. 4.12	Transfer

Source: BMH Human Resource Department Policy Manual, 1997

According to a Netscape Intranet White Paper (1998), an intranet allows information sharing within an organization. In

today's era of fast-paced technological advances, intranet capabilities support mechanisms that allow for quick and easy access to organizational, departmental, and customer information. Appendix D is an example of an intranet ready document of the title page of a draft Department Director User and Information Manual with active links to various topics. By clicking on any of the underlined links, a user can drill down to find additional detailed information. In this fashion, any user can view the manual's contents at any time. This eliminates the need for hard copy manuals, reduces paper and printing costs, and is easily updated, thus ensuring information remains current.

CONCLUSIONS AND RECOMMENDATIONS

The work of middle managers both individually and collectively play an important role in organizational operations. Middle manager roles and responsibilities generally involve the traditional functions of management, i.e. planning, organizing, directing, and controlling (Phillips, 1985). With the growing importance of leadership in effective human resource management and concern for employee development, managers' people skills including motivating and influencing rather than directing authority are becoming more relevant (Nilson, 1998). Managers influence employees by their ability to motivate and lead them (Thompson, 1995). Although middle managers generally have limited policy-making ability organizationally, they are generally responsible for setting departmental goals in alignment with the organization's. Therefore, as Thompson (1995) notes, "The challenge of all managers is to effectively motivate their workers to work toward the organization's objectives."

All employees in managerial positions are tasked in varying degrees relative to their positional authority with communicating organizational policies and ensuring that policies and procedures are followed correctly (Phillips, 1985). Providing managers with unified, consistent explanations by subject matter experts during orientation helps to reduce

variation that may result when individuals interpret policies and procedures from their own reference points. An easily accessed, up-to-date policy and procedure manual complements the orientation program. A ready reference allows the manager to remain current, providing a resource to clarify uncertainty relative to organizational policy (Allen, 1992). To support that end, Appendix C was developed as the initial draft of the Department Director Information and Reference Manual.

The intent of an orientation manual is not only to assist the new mid-level manager ease the burden of transitioning into a new role in the organization, but also provide the experienced manager with information to keep current with organizational directives. Additional utility, although qualitative in nature, is anticipated to be realized as a sense of buy-in from middle managers, as their collective input essentially was responsible for the program framework and development. Ultimately, intentions of a handbook and program would be to educate users as a ready reference guide, to enhance organizational communication and collaboration, increase efficiency and effectiveness of organizational operations, decrease waste and duplication, and promote alignment with the BMH mission, vision, values, and guiding principles. As such, and if kept current through assignment of a product owner, the manual would become a tool contributing to staff development and reorientation. These

desired effects have been previously noted in the literature review.

Since management recognized the need for orientation specific to the middle management level, this demonstrated a proactive stance on management's part relative to training needs. This author recommends establishing a mechanism to support continual updating of the orientation program and personnel educational competencies. The alternative is one of a reactive approach - where training is provided remedially - often after skills and abilities become obsolete. Measures of effectiveness for each training program should be established and assessed to determine if programs have met objectives and as an estimate of return on resource investment. Various approaches to support these recommendations include:

- a. Develop local intranet capabilities: On-line information allows managers to view information that is pertinent and readily applied in their workplace at their convenience, removing problems associated with scheduling conflicts, lost time due to information searching, information overload, etc.;

- b. Expand library assets into a career resource center to include computer assisted self-study programs, and systems to support Internet access to library and other reference resources;

c. Provide the survey results contained in Appendix C to the Department Director of Staff Education and Training. In this manner, Education and Training would provide oversight of orientation and development programs as appropriate to satisfy local needs;

d. Solicit outside contractor services in preparing and providing orientation and development programs to support survey result requirements;

e. Establish joint ventures with local colleges where resources could be shared and courses collaboratively developed and provided based upon established need;

f. Develop a committee or other mechanism to monitor and measure orientation and development programs to ensure that they remain consistent with the BMH mission, vision, and guiding principles. The committee would act as a forum to update and correct programs as necessary to keep them current and in accordance with organizational needs.

Although intranet capabilities are currently unavailable at BMH, services are expected to be established during summer 1998. Appendix D is a printed hyper-text markup language (HTML), intranet ready document of the title page of a draft Department Director User and Information Manual with active links to various topics. This document was developed utilizing the HTML editor software program Aardvark 3.0, and is an attempt to

satisfy an original purpose of this project with the generation of a ready-reference electronically retrievable desk-top manual intended for use by all hospital employees. This author recommends identifying a point of contact in the Management Information Department (MID) to oversee maintenance and upkeep of a local web page. In this manner, a paperless electronic manual may be generated, readily accessible by all intranet users, and easily updateable by the assigned system administrator. Caution must be exercised however; establishing an intranet and local web page should not be confined to MID. Process owners and subject matter experts should play an active role in the content and development of the web page and its content. Reh (1998) notes that "intranets are ... a business tool, and should function toward that end."

Although total quality leadership and management programs focus on process improvements throughout organizations, middle managers from department directors to first line supervisors are generally the process owners, responsible for implementing quality improvements on a continuing basis (Rowland & Rowland, 1993). It is senior management's responsibility to provide those middle managers with the necessary tools in the form of orientation, training and development skills in order to perform effectively and more willingly, and enhance implementation of quality improvements in the organization (Phillips, 1985;

Rowland & Rowland, 1993; Griffith, 1995).

In conclusion, this study identified perceived orientation needs of middle managers, and provided examples and alternatives for program development to address those needs. For the long term, it is recommended that ownership of a proposed program be assigned locally as senior management deems appropriate. The program owner would assume responsibility for proactively and periodically assessing program validity and providing updates, i.e. additions and deletions as appropriate. Through feedback, review, and modification, the program owner helps to ensure that this program stays valid, dynamic, and adds value, therefore assisting in sustaining management buy-in and potentially avoiding the problem of shelving or discarding it soon after implementation.

If senior management implements these findings as a mid-level manager orientation and information program, it is projected that enhanced personnel cohesiveness and increased employee morale may be realized. Further studies would need to be conducted to validate these projections, as well as to ascertain qualitative and quantitative benefits of program implementation. This assessment was considered a starting point, a good faith gesture demonstrating senior management's commitment to continued personal and professional development of mid-level managers.

References

- Abruzzese, R. S. (1992). Nursing Staff Development, Strategies for Success St. Louis, MI: Mosby.
- Allen, J. E., (1992). Nursing Home Administration (2nd ed.). New York, NY: Springer Publishing Co.
- Beaufort Memorial Hospital, Building on a Tradition of Care (1991). From Medicine Men to Medical Miracles: The Progress of Health Care in Beaufort County (October 1991). Beaufort, SC.
- Brandt, E. N., (1996). Roles of Hospital Administrators in South Carolina. Hospital and Health Services Administration Fall 1996, 41(3): 373-383.
- Bureau of Medicine and Surgery, (1991). U.S. Navy Medical Department Officer Career Guide, NAVMED P-5128 (Rev 1991). Washington, DC.
- Cooper, D. R., & Emory, C. W. (1995). Business Research Methods (5th ed.). Chicago, IL: Irwin.
- Dessler, G., (1983). Applied Human Relations. Reston, VA: Reston Publishing Co.
- Dubrin, A. J., Ireland, R. D., & Williams, J. C. (1989). Management & Organization. Cincinnati, OH: South-Western Publishing Co.
- Dunne, R. S., Ehrlich, S. A., & Mitchell, B. S., (1988). A Management Development Program for Middle Level Nurse Managers. JONA May 1988, 18(5): 11-16.
- Fidler, G. S., (1996). Developing a Repertoire of Professional Behaviors. The American Journal of Occupational Therapy July/August 1996, 50(7): 583-587.
- Fottler, M. D., Hernandez, S. R., & Joiner, C. L. (1994). Strategic Management of Human Resources in Health Services Organizations (2nd ed.). Albany, NY: Delmar.
- Gill, S. L., (1997). On Physician Relations. Medical Staff Education. Healthcare Executive 12(4). 44-45.
- Greater Beaufort Chamber of Commerce, (1998). An Introduction to Beaufort Area Economy - 1998. Beaufort, SC.

Griffith, J. R., (1995). The Well-Managed Health Care Organization (3d ed.). Ann Arbor, MI: AUPHA.

Harwick, D. F., Harwick, W. G., & diZerega, A., (1997). Directing Change: A Contemporary Administrative Challenge. Modern Pathology 10(4): 380-383.

Hudak, R. P., Brooke, P. B., & Finstuen, K., (1994). FORECAST 2000: A Prediction of Skills, Knowledge, and Abilities Required by Senior Medical Treatment Facility Leaders into the 21st Century. Military Medicine July 1994, 159: 494-500.

Ivancevich, J. M., & Glueck, W. F., (1983). Foundations of Personnel/Human Resource Management (2nd ed.). Plano, TX: Business Publications, Inc.

Ivancevich, J. M., & Matteson, M. T., (1996). Organizational Behavior and Management (4th ed.). Chicago, IL: Irwin.

Joint Commission on Accreditation of Healthcare Organizations. 1997. 1998 Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL: JCAHO.

Kaluzny, A. D., (1989). Revitalizing Decision Making at the Middle Management Level. Hospital and Health Services Administration Spring 1989, 34(1): 39-51.

Longest, B. B. Jr., (1997). Managerial Roles in Contemporary Hospitals. Hospital Topics Winter 1997, 75(1): 11-13.

Mark, B. A., Turner, J. T., & Englehardt, S., (1993). Knowledge and Skills for Nurse Administrators. Nursing and Health Care 11(4): 185-189.

Mathis, R. L. & Jackson, J. H., (1982). Personnel Human Resource Management (4th ed.). St. Paul, MN: West.

McWhirter, D., (1994). The Personnel Policy Handbook for Growing Companies. New York, NY: Bob Adams, Inc.

Netscape Intranet White Paper - Microsoft Internet Explorer (1/28/98). Intranets Redefine Corporate Information Systems

[Internet]. Available

<http://www.intraware.com/ms/mktg/wp/nscp/corporateis.html>

Nilson, J. T., (1998). Life in the Middle. Healthcare Executive March/April 1998, 13(2): 20-24.

Paradis, L. F., Lambert, J. L., Spohn, B. B., & Pfeifle, W. G., (1989). An assessment of health care supervisory training needs. Health Care Management Review 14(2): 13-24.

Phillips, J. J. (1985). Improving Supervisor's Effectiveness. San Francisco, CA: Jossey-Bass.

Reh, F. J. (6/1/98). Developing and Internet Strategy For Your Company (Part 3): Do you need an intranet, and how can it help to make you more profitable? [Internet]. Available <http://management.tqn.com/library/weekly/aa031098.htm>

Rowland H. S., & Rowland, B. L., (1993). Manual of Hospital Administration, Volume I & II. Gaithersburg, MD: Aspen.

Rummler, G. A., & Brache, A. P., (1991). Managing the White Space. What is 'process management and what's so revolutionary about it? Training Magazine January 1991: 55-70.

Sanford, K., (1994). Future Education: What Do Nurse Executives Need? Nursing Economics May/June 1994, 12(3): 126-130.

Sisk, H. L., (1977). Management & Organization (3d ed.). Cincinnati, OH: South-Western.

Stucky, S., & Waltrip, L., (1995). Managed Care, Are Your Middle Managers Ready? Caring Magazine October 1995: 94-98.

Thompson, B. L., (1995). The New Manager's Handbook. Burr Ridge, IL: Irwin.

Wolper, L. F., & Peña, J. J. (eds.) (1987). Health Care Administration, Principles and Practices. Rockville, MD: Aspen.

APPENDIX A

SURVEY INSTRUMENT

Memorandum of Introduction	53
Management Orientation/Training Survey	54
Management Development Needs	55

MEMORANDUM

TO: DEPARTMENT DIRECTORS

FROM: SANDY GORDIN

DATE: SEPTEMBER 8, 1997

During the last Department Head meeting I introduced David Mullarkey, an Administrative Resident with the U.S. Army-Baylor University Graduate Program in Healthcare Administration. He is helping us develop a "manager's orientation/information manual" that will serve as a resource for all Department Directors. This manual should be especially beneficial for new Department Directors.

On a related issue, we are in the process of developing some management training activities for the upcoming year. John Brantley will be facilitating some of the sessions.

Please take a few minutes to complete the attached questionnaires and return them to the Human Resource Office by the end of the week. David Mullarkey will follow up with you if any issues need clarification.

Thanks in advance for your help.

SG/ddm

MANAGEMENT ORIENTATION/TRAINING SURVEY

The following questions are designed for both (relatively) new Department Directors, as well as those who have been here for some time.

1. When you first started working here, what type of orientation/training would have been helpful at that time?

2. Put yourself in the shoes of a new Department Director. What resources/information would be beneficial for this Director to know about your Department? What type of orientation should be provided to this Director about your Department?

3. What problems do you routinely encounter that may occur from insufficient training or information?

4. What routine and non-routine issues and/or procedures would you like to see included in an orientation/reference guide?

5. For new Department Directors, having completed our orientation program, what other orientation/training resources would help you more effectively do your job?

MANAGEMENT DEVELOPMENT NEEDS

1. The following are BMH Management Competency Standards with associated knowledge areas.

2. In the column, please rank the top five knowledge areas in which you believe additional training would most benefit you. (Use 1 for most desired to 5 for least desired.)

Demonstrates Appropriate Supervision

- ☐ Goal Setting
- ☐ Planning & Organizing
- ☐ Time Management
- ☐ Problem Solving
- ☐ Decision Making

Initiates, Promotes and Fosters Staff Development

- ☐ Training
- ☐ Delegating
- ☐ Disciplining and Counseling
- ☐ Coaching and Evaluating
- ☐ Interviewing and Hiring

Demonstrates Effective Interpersonal Skills

- ☐ Effective Communication
- ☐ Conflict Management
- ☐ Motivation

Provides Effective Leadership

- ☐ Visioning
- ☐ Managing Change
- ☐ Team Building
- ☐ Empowerment
- ☐ Fiscal Responsibility (Planning/Budgeting)
- ☐ Regulatory Compliance Responsibility
- ☐ Quality Improvement

3. Please indicate any additional topics for training that you would find helpful.

APPENDIX B

SURVEY INSTRUMENT RESULTS

Ranked Management Development Needs	57
Grouped by Topic Summation of Management Orientation/ Training Survey Results	59

MANAGEMENT DEVELOPMENT NEEDS

1. The following are BMH Management Competency Standards with associated knowledge areas.

2. In the column, please rank the top five knowledge areas in which you believe additional training would most benefit you. (Use 1 for most desired to 5 for least desired.)

Demonstrates Appropriate Supervision

- 3 Goal Setting
- 2 Planning & Organizing
- 1 Time Management
- 5 Problem Solving
- 4 Decision Making

Initiates, Promotes and Fosters Staff Development

- 4 Training
- 3 Delegating
- 1 Disciplining and Counseling
- 2 Coaching and Evaluating
- 5 Interviewing and Hiring

Demonstrates Effective Interpersonal Skills

- 2 Effective Communication
- 1 Conflict Management
- 3 Motivation

Provides Effective Leadership

- 5 Visioning
- 4 Managing Change
- 1 Team Building
- 6 Empowerment
- 3 Fiscal Responsibility (Planning/Budgeting)
- 7 Regulatory Compliance Responsibility
- 2 Quality Improvement

3. Please indicate any additional topics for training that you would find helpful.

- Software available to aid in Dept.
- Organization & time management
- Computer
- Budget
- Leadership - Teams

- Human Resources - Legal issues
- Managed Care impact
- Cost accounting
- Telemedicine, filmless, paperless departments
- Effective leadership - I think substantial focus in these

areas is essential in moving to the next level of performance. In addition, have heard several directors say they would like to gain greater understanding of managed care issues and reimbursement.

- Just to emphasize what I have already stated: Administrators need to clearly define expectations at outset of relationship in order that goals can be met.

- Planning & Organizing - must know overall plan for hospital first.

Grouped by Topic Summation of Management Orientation/Training

Survey Results

The following is a grouped-by-topic summation of the feedback received from the distributed surveys. Topics include areas of management interest/concern for orientation/education.

Managerial Orientation (face-to-face overviews - not necessarily in a classroom)

- Briefing from Department Directors/SME's on "How it Works"

- Expectations of and from Dept. Directors and the Administration

(Corporate/Departmental/Resources/Mentors/Colleagues)

- How to get things done - e.g. initiating projects ~ steps to take

- Established relationships with other Depts

- Established relationships with Community/other

Healthcare facilities

- Tour of unit/units (hospital)

- Introduction to unit staff

- Type of patients seen

- Volunteer brief

- capabilities/limitations

- services offered

- effectively communicating with volunteers

- Patient Representative Brief

- roles and functions

- services offered

- patient complaints/compliments

- Safety and Environmental brief with tour and/or rounds

- Security

- lost and found

- safeguarding of patient valuables

- employee safety and security

- 15 - 20 - 30 minute meeting with manager

Corporate Leadership

- Mission, Vision, Values

- Names and pictures of Board Members

- Goals, expectations

- corporate

- departmental

- resources

- mentors

- colleagues

- Philosophies
- Strategic (long-term) plan and objectives
- Teamwork - each Dept. Director is not (in it) alone
- General description of BMH Foundation
 - how it represents the community
 - how it increases financial resources
 - how it sparks new programs
 - listing of BMH equipment programs funded through the

Foundation

Hospital Organization

- Organizational chart/overview with:
 - departments
 - description of primary functions with points of contact
 - services provided and how to access
 - physical layout/locations
 - chains-of-command
 - Dept. Director's name, extension, responsibilities/charges
- Committees (with description)
 - blurb on purpose
 - structure
 - chair and membership
- List of medical staff - specialties
- Policies and procedures - hospital wide
 - procedure to route issues through the hospital
- Formulating/changing hospital policies and procedures
- Telephone directory & Beeper directory

Human Resources (Organizational Development and Behavior)

- Department Director's:
 - job descriptions, tasks, performance expectations
- Family Medical Leave - legalities of
- Mechanism for employee recognition
- Performance management systems
- Personnel issues
 - personnel requisitions - how are advertisements placed?
 - preparing job descriptions, tasks, performance standards/expectations
- preparing employee evaluations
- interviewing, hiring, firing, coaching/disciplining (effectively)
 - forms - disciplinary documentation
 - termination requirements
 - collective bargaining/mediation/arbitration
 - transfer of personnel from one department to another

- motivation
- Special skills of each employee
- Resource pool of mentors
- Instruction in KRONOS editing

Management Theory and Practice

- Planning, organizing, directing/administering, controlling
- Effective leadership techniques
- Time management, setting priorities
- Goal setting
- Delegation
- Interpersonal skills
- Conflict management
- Communication

Financial Management

- SOP for forms (financial forms and processes)
- Budget
- preparing, understanding, managing the budget process
- Billing procedure review
- Problems with billing codes and procedures along with points of contact
- Cost accounting instructions
- Units of service (?)
- Current charge master
- Review of Medicare practices - annual updates
- Review of existing service and purchasing contracts
- Job codes
- Accounting
- reference guide on policies, instructions, procedures, and forms with examples
- add/delete/change patient charges, CPT Codes
- reallocation of expenses
- employee mileage reimbursement
- capital equipment requests (routine and emergency)
- patient billing complaints
- Payroll policies and procedures with examples and explanations
- End of month reporting procedures with examples and explanations
- Accounts Payable
- how to process invoices
- standing purchase orders
- Purchasing procedures
- KRONOS policies and procedures
- time and attendance review

- edit explanations, e.g. how to perform, when they're due, how to communicate changes to accounting/personnel, etc.

QA/QI, Process Improvement

- CQI Plan including training
- Process improvement tools training
- Star program
- Press Ganey patient surveys

Materials Management

- Supply request process flow (routine and emergent)
- forms, requirements
- Purchasing procedures process flow
- Capital equipment budget and request process
- Equipment procurement process
- how is equipment funded?
- Format or "Go-by" for procuring/altering inter/intra departmental items

Biomedical Repair

- Equipment repair process
- what equipment is serviced internally?
- forms and requirements (routine and emergent)

Management Information Systems

- Software training - relevant to job
- Hardware/software requisition process
- Resources - services/supplies availability
- Computer skills
- Comprehensive Meditech training
- patient tracking
- film file management
- scheduling module
- order entry

Safety / OSHA /Environmental

- Policies, procedures, processes
- Dept. Director responsibilities for/during inspections/disaster/crisis
- Surveys and forms utilization
- Environment of care plan
- "codes"

Education

- HCN use
- Services available

Development of a Management Orientation Program 63

- Resources available
- Policies and procedures to request education resources and services
 - reservation of classrooms
 - Tuition reimbursement
 - Staff development issues and programs
 - competency validation, CME/CEU,
 - Process to request and follow-up (feedback) on off-site education
 - including accounting issues

Ancillary Services

- Test order process - routine and stat
- Forms and requirements

Plant Services

- Work orders, routine and emergent

Dietary Services

- Catering, patient and visitor meals

Miscellaneous

- Sources of information
- Forms/paperwork - listing, usage (when, how, why)
- Personnel resources that may be able to help with issues
- JCAHO, DHEC, CAP, etc. accrediting organizations and inspection process
 - Administrator/Physician/Nursing Supervisor on call - how to access?
 - How is Federal Express package/envelope processed?

APPENDIX C

DRAFT DEPARTMENT DIRECTOR INFORMATION AND REFERENCE MANUAL. . 65

(DRAFT)

DEPARTMENT DIRECTOR

INFORMATION AND REFERENCE MANUAL

The purpose of this document is to provide a source of ready reference relative to the operations and policies of Beaufort Memorial Hospital. It is designed to augment existing policy and procedure manuals, not to replace them. Rather, its intents are to enhance organizational communication, increase operational efficiency and effectiveness, decrease process variation and duplication, decrease resource waste, and increase interdepartmental collaboration. As with all processes and services provided by the BMH Family, the impetus behind this manual is to promote alignment with the BMH mission, vision, values, and tenets of operations.

This document is dynamic in nature, designed to be easily updated as necessary. Its format is a result of an organizational analysis and needs assessment obtained through survey and interview feedback with BMH Department Directors. Process "owners" should update changes to information and process flowcharts occurs as they occur, and coordinate distribution of these changes via Sandy Gordin, VP Human Resources.

Table of Contents

Corporate Leadership

- Our Mission, Vision, Values, Tenets of Operation
- Management Expectations
- Board of Trustees
- Hospital Foundation
- Medical Specialties and Services
- Key Customers
- Key Result Areas

Functional Area Points of Contact

Hospital Organizational Chart

Select Hospital Policy and Procedure Flowcharts

Human Resources (Personnel Issues)

(Note: The following topics are recommended to have flowcharts generated by process owners and included in future editions of this manual.)

Financial Management

Management Information Systems

Materials Management

Patient Representative

Plant Services

QA/QI, Process Improvement

Safety/OSHA/Environmental

Security

Volunteers

Corporate Leadership

Our Mission: To deliver quality health care services in cooperation with other health care providers to meet the needs of the population in our service area.

Our Vision: We will lead in integrating a system of Healthcare resources responsive to the needs of our changing community.

Our Values: The values of our organization are deeply rooted in its foundation. They are the basis upon which decisions are made that help achieve its vision. Our organizational values are the underlying philosophy of our daily environment, and as such direct our behaviors. Our values include:

- Quality
- Accessibility
- Integrity
- Financial Strength
- Leadership

Tenets of Operations: Our behavior will be guided by the following general principles, which are in alignment with our values and form the tenets of operations at Beaufort Memorial Hospital"

A dedication to the principle that all patients, employees, physicians, and visitors deserve to be treated with dignity, respect, and courteousness.

We will fairly and accurately represent ourselves and our capabilities.

We will provide services to meet the identified needs of our patients and will constantly seek to avoid the provision of those services which are unnecessary or non-efficacious.

We will adhere to a uniform standard of care throughout the organization.

Management Expectations:

Management expectations are in alignment with and flow from the organization's mission, vision, values, and tenets of operations. They are intended to be clearly defined to avoid ambiguity and should serve as the foundation for all decision making and personal actions. They should be shared by the BMH management team, and for greater effectiveness, every manager should have a sense of buy-in as well as a personal responsibility for living up to the expectations. These expectations include:

- Each of us will act according to the overall purpose, philosophy, and principles of BMH as outlined in our Mission, Vision, Values, and Tenets of Operation.

- Each of us will create and support an environment which fosters improved healthcare to meet the needs of our staff, ourselves, and our community.

- Each of us will create and support an environment that values and builds on the contributions of all employees.

- Each of us will promote cooperation and collaboration among individuals and departments as efforts to increase productivity and reduce waste and redundancy.

- Each of us will promote an environment which espouses quality and continual improvement in all of our processes and services provided to and received from our customers by striving to:

I. Believe that consistent and continuously improving **quality** will be the foundation of an integrated system of healthcare resources.

- ⇒ Direct all planning for community needs toward improving quality

- ⇒ Document and communicate improvements

- ⇒ Achieve quality through a qualified and skilled workforce

- ⇒ Provide services appropriate to the needs of our changing community

- ⇒ Recognize that enhanced competency will be based on, and grow from, individual and team knowledge

II. Embrace **accessibility** as a patient centered focus and a first consideration of making available healthcare resources

to our community.

- ⇒ Strive to eliminate physical, psychological, and cultural barriers to receiving care
- ⇒ Provide timely responses to customer questions, ideas, requests, suggestions and complaints
- ⇒ Provide for a comfortable and welcoming facility
- ⇒ Through personal example, be friendly and compassionate
- ⇒ To support enhanced access capability, be innovative and adaptive to our changing community needs
- ⇒ Promote strong community relations actively by being sensitive to the public's perception of BMH

III. Demonstrate **integrity** through honest, dependable, and ethical behavior.

- ⇒ Treat all persons equally with dignity and respect
- ⇒ Commit to uphold the rights of all individuals and obligate to maintain the trust of the community
- ⇒ Provide an appropriate forum for the discussion of ethical dilemmas or issues

IV. Maintain a condition of **financial strength** as a responsibility to ourselves and to our community.

- ⇒ Evaluate continually all systems and resources to improve the cost effectiveness of the care and services we provide
- ⇒ Seek opportunities to create and share new resources throughout the community
- ⇒ Hold ourselves individually accountable for the effective use of our resources
- ⇒ Analyze and forecast the impact of proposed changes

V. Inspire, guide, and advise our healthcare community towards the attainment of our vision through effective **leadership**.

- ⇒ Create change consistent with our vision
- ⇒ Create partnerships that enhance our responsiveness to our changing community's needs
- ⇒ Recognize members of our BMH family for their participation in achieving organizational goals
- ⇒ Develop and sustain an environment that supports continuous improvement

- ⇒ Support activities beneficial to the community as a whole
- ⇒ Demonstrate accountability to our partners, patients and community by seeking their input and reporting results

Additional Senior Management Expectations include ongoing development and demonstration of the following Management Competency Standards by all Department Directors and Middle Managers. These overriding standards are the same across the entire BMH management team, varying only in the degree of demonstration relative to the manager's clinical or administrative role. The standards and associated objectives are:

Demonstrates appropriate supervision

Goal Setting

Planning

Time Management

Initiates, promotes, and fosters staff development

Training

Delegating

Disciplining and Counseling

Coaching and Evaluating

Interviewing and Hiring

Demonstrates effective interpersonal skills

Effective Communication

Conflict Management

Motivation

Provides effective leadership

Visioning

Team Building

Empowerment

Fiscal Responsibility

Regulatory Compliance Responsibility

Quality Improvement

Board of Trustees: Nine community leaders appointed by Beaufort County Council, vector BMH's efforts toward an integrated Healthcare delivery system. The composition of the Board demonstrates diversity with various professions, ethnic groups, ages, gender and cultures represented.

Hospital Foundation: The Beaufort Memorial Hospital Foundation, chartered in 1984, works in concert with the Hospital Board and administration to carry out a commitment to superior healthcare for the people of Beaufort County. The Foundation is a loosely knit coalition of local community leaders, dedicated to the solicitation, management and distribution of charitable funds to benefit Hospital Board approved projects, programs and services of BMH.

Medical Specialties and Services: Our Mission and Vision steer the acquisition of Medical Specialties. BMH continuously strives to meet the challenges of this varied marketplace and the ever changing needs of this community. Using information gathered from internal and external databases, current community needs assessment, and vital input from the Board of Trustees, Medical Staff, employees and patients, BMH facilitates the recruitment efforts for board certified or board eligible medical staff. BMH services span the health continuum and include the following:

Anesthesiology	Nuclear Medicine
Arthroscopic Surgery	Nursery - Level II
Audiology	Nutrition Outpatient Counseling
Autologous Donor Site	Obstetrics
Cardiology	Occupational Therapy
Cardiac Rehab	Oncology
Community Education	Ophthalmology
CT Scan	Orthopedic Surgery
Dentistry	Otolaryngology
Dermatology	Outpatient Physical Therapy
Echocardiography	Outpatient Surgery
Electroencephalography	Pacemaker Technology
EMC Evoked Response	Pain Management
Emergency Care	Patient Financial Services
Environmental Services	Pathology
Family Practice	Pediatric/Adolescent Care
Food & Nutrition Services	Pharmacy
Gastroenterology	Physical Therapy
General Surgery	Podiatry
Gynecology	Primary Nursing Care
Hand Surgery	Public Relations
Hand Therapy	Psychiatry
Hematology	Pulmonary Medicine

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Hemodialysis	Quality Services
ICU/PCU	Radiology
Infection Surveillance	Respiratory Therapy
Internal Medicine	Social Services
Joint Replacement	Spine Surgery
Joint Ethics Committee	Thallium Stress Testing
Laposcopic Surgery	Trauma Care - Level III
Laser	Ultrasonic Imaging
Lithotripsy	Ultrasound
Mammography	Urology
Materials Management	Utilization Review
Nephrology	Volunteer Services
Neurology	

Key Customers: Customer groups consist of individuals and agencies internal and external to our organization. BMH has identified key customers as our patients and their families, our physicians and other allied health professionals, our community members, 3rd party payers, vendors, regulatory agencies and other healthcare organizations. Also, we the employees are customers of each other.

Key Result Areas (KRA's): KRA's attempt to put into words the primary (or key) functions of the hospital. KRA's need to be stated in very broad terms and need to cover all of the work we do at BMH. The following KRA work functions list some of the work processes that fall within these functions. Please note that this not an all-inclusive list. Most functional areas contain overlapping and/or interrelated processes. KRA functions include (but are not necessarily limited to):

Care of the Patient

*Education, Diagnostics, Monitoring, Surgical Interventions,
Clinical Ancillary Services*

Information Management

*Medical Records, Data Collection & Analysis, Storage &
Distribution, Communication of Data
Computer Technology including Hardware and Software (Information
Systems)*

Management of Human Resources

Staff Education, Benefits, Staffing Levels, Scheduling,
Personnel Development, Recruitment &
Retention, Reward & Recognition

Fiscal Responsibility

Billing, Collection, Dispersing, Budget Process, Fund Raising

Management of the Environment

Safety, Maintenance of Buildings & Grounds, Expansion & Growth,
Cleanliness, Equipment
Maintenance

Community Partners

Education, Health Fairs, Community Needs Assessment,
Representation on Foundation & Board,
Charity Care, Cultural Awareness, Ethics

Organizational Leadership & Growth

Organizational Structure, New Business Development, Regulatory
Agencies, Strategic Plan,
Quality Improvement, Physician Group Formation & Organization

Functional Area Points of Contact

For any questions on processes, policies, or procedures in any of the following functional areas, please contact the points of contact listed.

Ancillary Services

- Laboratory - 5125/26 Blood Bank - 5081
- Radiology - 5130 Nuclear Medicine - 5046 MRI - 5053
- Pharmacy - 5261/5264
- Rehab Services - 5630/31
- Test order process - routine and stat
- Forms and requirements

Biomedical Repair

Marion Moody, Director of Plant
Services 5009

- Equipment repair process
- what equipment is serviced internally?
- forms and requirements (routine and emergent)

BMH Foundation

Alice Moss - Director, or
Helaine Kinsey 5774

Dietary Services

Paul Ferro, Director 5641

- Catering, patient and visitor

Education

Geri Charlesworth, Director Clinical
Education 5724

Weezie Gibson, Director Community
Education 5745

- HCN use
- Services available
- Resources available
- Medical Library
- Policies and procedures to request education resources and services
- reservation of classrooms
- Education Financial Assistance (H.R. 6.4)
- Staff development issues and programs
- competency validation, CME/CEU,....
- Process to request and follow-up (feedback) on off-site education
- including accounting issues

Employee Health

Marilyn Landon, R.N., Employee Health
Nurse 5652

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- Accident and Injury Procedures (H.R. 7.2 & 7.7)
- Annual Health Screens (H.R. 7.1)
- Modified Duty (H.R. 7.3)
- Blood or Body Fluid Exposure (H.R. 7.5A & 7.5B)

Environmental Services Tom Sterling, Supervisor
5610/5612

- Laundry

Financial Management Chris Williams 5742

- SOP for forms (financial forms and processes)
- Budget
 - preparing, understanding, managing the budget process
- Billing procedure review
- Problems with billing codes and procedures along with points of contact
 - Cost accounting instructions
 - Units of service
 - Current charge master
 - Review of Medicare practices - annual updates
 - Review of existing service and purchasing contracts
 - Job codes
 - Accounting
 - reference guide on policies, instructions, procedures, and forms with examples
 - add/delete/change patient charges, CPT Codes
 - reallocation of expenses
 - employee mileage reimbursement
 - capital equipment requests (routine and emergency)
 - patient billing complaints
- Payroll policies and procedures with examples and explanations
 - End of month reporting procedures with examples and explanations
- Accounts Payable
 - how to process invoices
 - standing purchase orders
- Purchasing procedures
- KRONOS policies and procedures
 - time and attendance review
 - edit explanations, e.g. how to perform, when they're due, how to communicate changes to accounting/personnel, etc.

Healthy Communities Programs Cindy Coburn-Smith 5835
Westley Byrnes 5167

Hospital Organization

Naomi Breedlove or

Jennifer Gibson 5107/08/09

(to be placed in information manual)

- Organizational chart/overview with:
 - departments
 - description of primary functions with points of contact
 - services provided and how to access
- physical layout/locations
- chains-of-command
- Dept. Director's name, extension, responsibilities/charges
 - Committees (with description)
 - blurb on purpose, structure
 - chair and membership
 - List of medical staff - specialties
 - Policies and procedures - hospital wide
 - procedure to route issues through the hospital
 - Formulating/changing hospital policies and procedures
 - Telephone directory & Beeper directory

Human Resources Department

Naomi Breedlove or

Jennifer Gibson 5107/08/09

Administration Issues (H.R. 1 series policies)

- Personnel files
- Grievance procedures
- Sexual Harassment
- Master Staffing Plan (increased FTE justification)

Employment Processes / Personnel Issues (H.R. 2 series policies)

- Position descriptions, tasks, performance standards and expectations

- Family Medical Leave - legalities of
- Leave - Planned Leave, Paid Leave, Annual Leave, Personal Holiday, Medical Appointments, Military and Civil Leave, Unplanned Leave, Bereavement Leave, Leave Without Pay

- Performance management systems
- Personnel requisitions - posting and filling vacant positions

- Preparing employee evaluations
- Interviewing, hiring, firing, coaching/disciplining (effectively)

- Forms - disciplinary documentation

Employee Relations/Employee Counseling

Employment Conduct Policy (H.R. 3 series policies)

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- Progressive Corrective Action
- Problem solving
- Termination requirements
- Compensation (H.R. 4 series policies)
 - Instruction in KRONOS editing (Timekeeping - cards and clocks)
 - Transfer of personnel from one department to another
- Benefits (H.R. 5 series policies)
 - Mechanism for employee recognition
- Staff Training and Development (H.R. 6 series policies)
 - Employee Orientation
- Safety/Health (H.R. 7 series policies)
- Departmental Productivity Indicators (monthly/periodic HR reports)

Information

Main Lobby Front Desk 5730

Management Information Systems/Health Information Services

- Help Desk (24/7) 5797
- Software training - relevant to job
- Hardware/software requisition process
 - Mary Crouch 5782
- Health Information Services Kathy Amsler 5775
 - Charge Master
 - CPT coding - billing codes and procedures
 - Requesting medical records
 - Confidentiality of medical information requirements
 - Record retention requirements
 - Birth certificate filing regulations
- Resources - services/supplies availability
 - Comprehensive Meditech training
 - Linda Dickert 5086
 - patient tracking
 - film file management
 - scheduling module
 - order entry

Materials Management

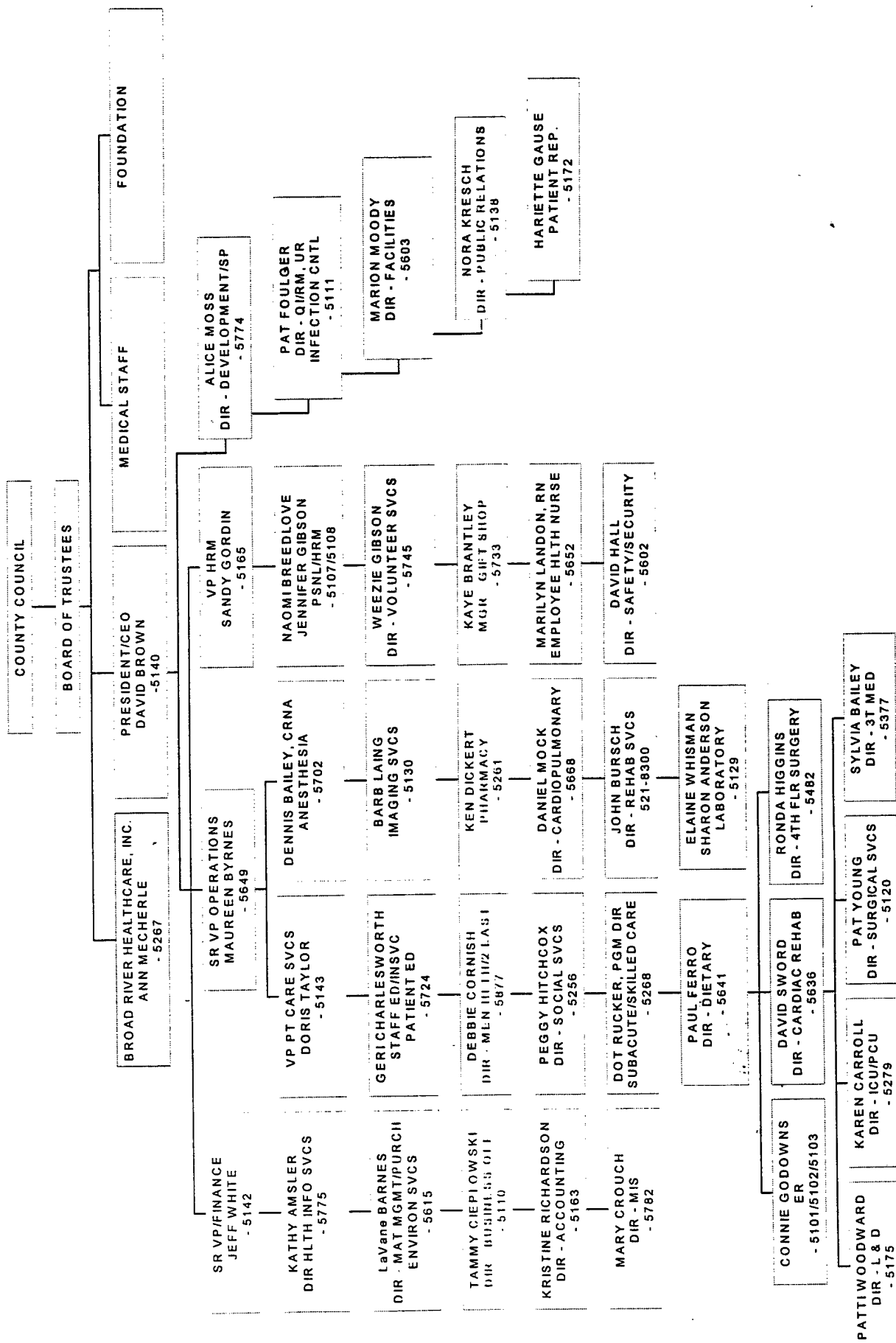
LaVane Barnes, Director
or Patty Gay Causey 5615

- Supply request process flow (routine and emergent)
 - forms, requirements
- Purchasing procedures process flow
- Capital equipment budget and request process
- Equipment procurement process
- how is equipment funded?
- Format or "Go-by" for procuring/altering inter/intra departmental items

Development of a Management Orientation Program 78

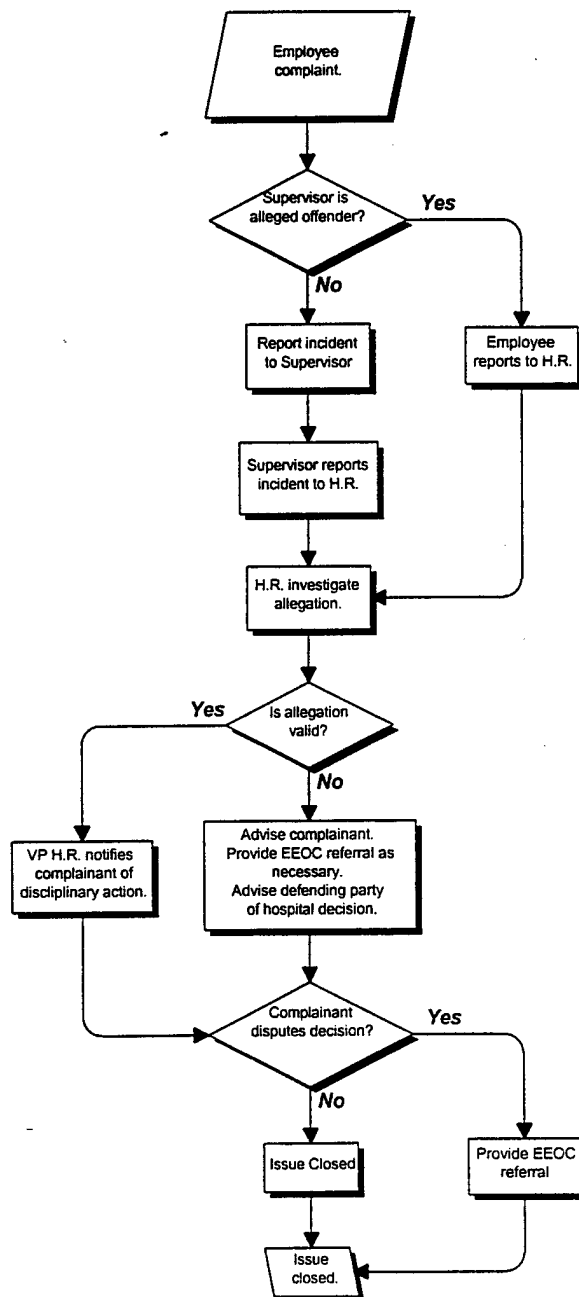
<u>Patient Representative</u>	Harriette Gause	5172
- roles and functions		
- services offered		
- patient complaints/compliments		
<u>Plant Services</u>	Marion Moody, Director	5603
- Work orders, routine and emergent		
<u>Public Relations</u>	Nora Kresch	5138
<u>QA/QI, Process Improvement</u>	Leslie Suda	5649
- CQI Plan including training		
- Process improvement tools training		
- Star program		
- Press Ganey patient surveys		
<u>Safety / OSHA /Environmental</u>	David Hall, Director	5602
- Corporate Compliance		
- Policies, procedures, processes		
- Dept. Director responsibilities for/during inspections/disaster/crisis		
- Surveys and forms utilization		
- Environment of care plan		
- "codes"		
<u>Security</u>	David Hall, Director	5602
- lost and found		
- safeguarding of patient valuables		
- employee safety and security		
	Security Cellular phone 812-5656	
<u>Social Services</u>	Peggy Hitchcox	5256
<u>Volunteers</u>	Weezie Gibson, Director	5745
- capabilities/limitations		
- services offered		
- effectively communicating with volunteers		

BEAUFORT MEMORIAL HOSPITAL ORGANIZATIONAL STRUCTURE



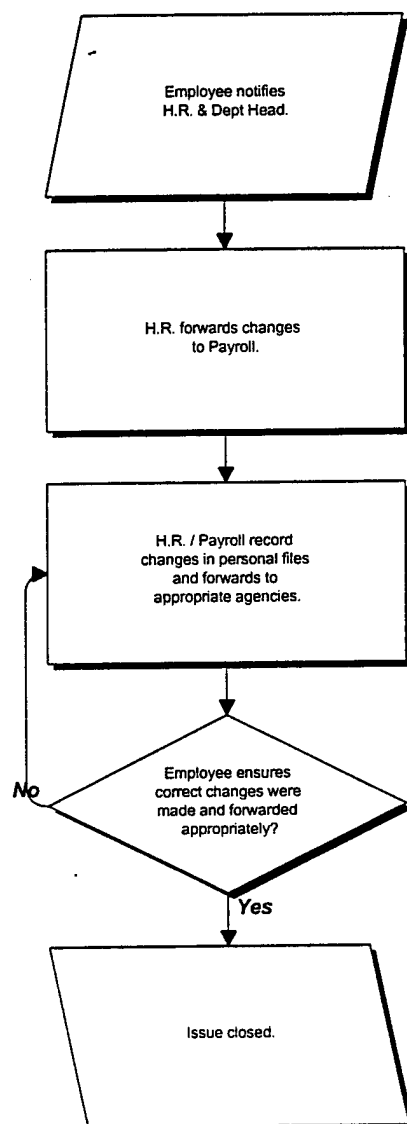
Reference HR 1.4. Sexual Harassment

Definition: According to the EEOC, sexual harassment is defined as unwelcome or unsolicited verbal, physical or sexual conduct that is made a term or condition of employment, is used as a basis of employment or advancement decisions, or has the effect of unreasonably interfering with work or creating an intimidating, hostile or offensive environment. This definition is relevant for filing formal complaint procedures with the EEOC. Fraternization between staff and patients, which is defined as any relationship which extends beyond appropriate roles, is strictly prohibited.



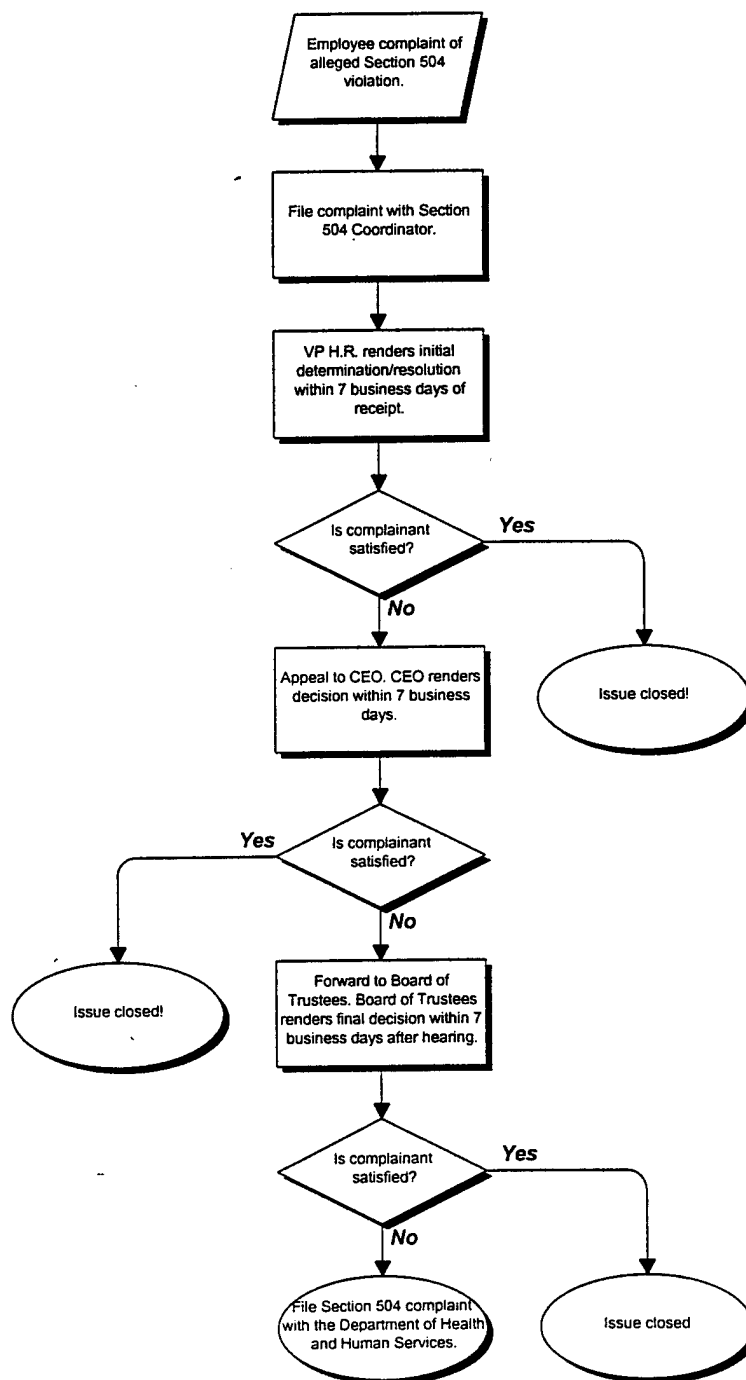
Reference H.R. 1.7 - CHANGES OF PERSONAL INFORMATION

Definition: Personal information includes but is not limited to: name, address, telephone number, marital status, etc.



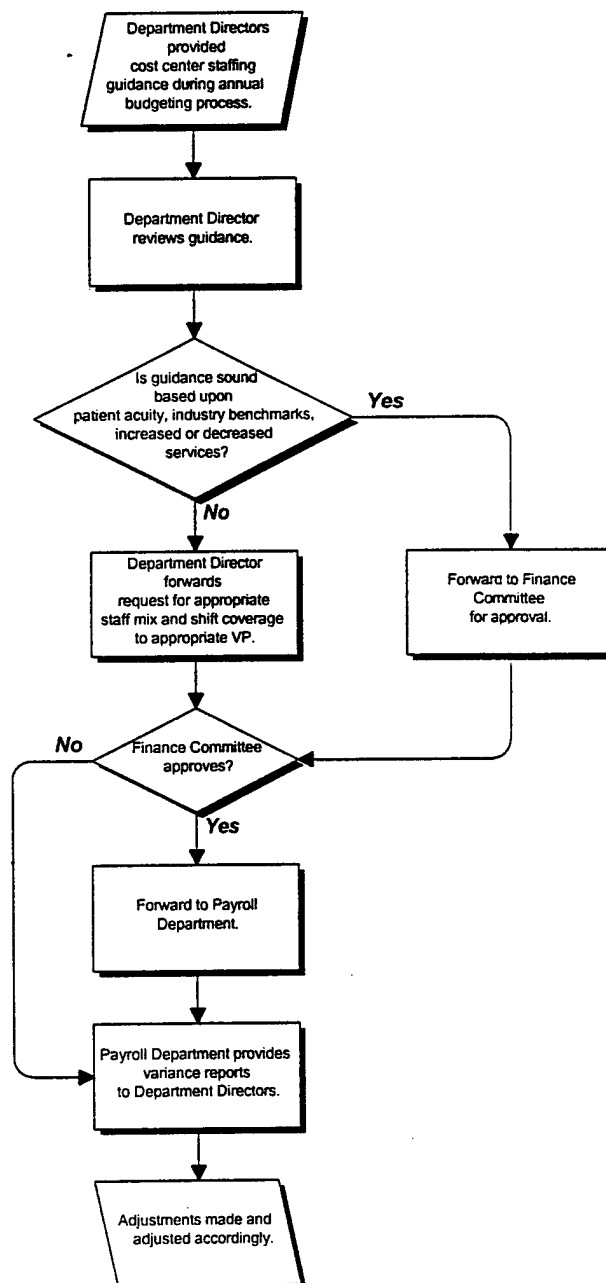
Reference H.R. 1.11 - GRIEVANCE PROCEDURE (SECTION 504)

Definition: Section 504 of the Rehabilitative Act of 1973 states, in part, that "no otherwise qualified handicapped individual ... shall, solely by reason of his handicap, be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...."



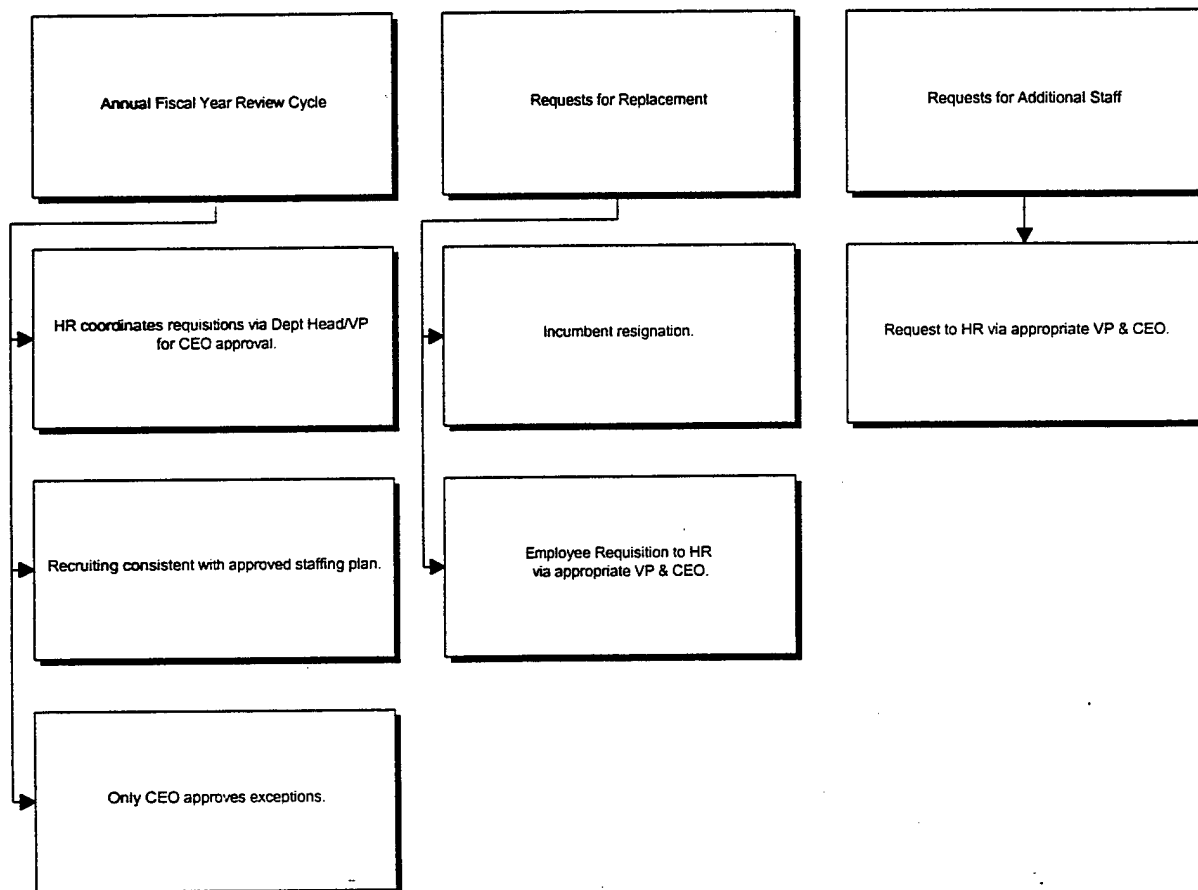
Reference HR 1.12 - Master Staffing Plan

Policy Provisions: Department Directors of each cost center will determine the minimum number of trained FTE's; target of normal and budgeted numbers based on productivity reports (patient census, procedures performed, or other activity levels in the Hospital).



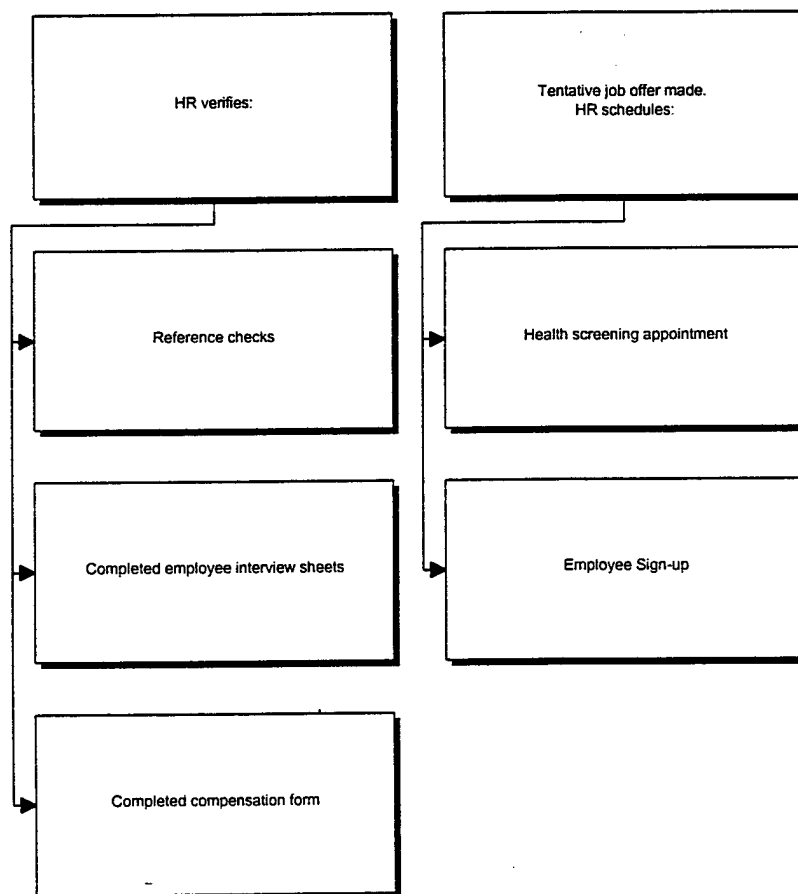
Reference HR 2.2 - Posting & Filling Vacant Positions

Policy: Requests for new employees must be submitted on the Employee Requisition Form (HR) approved by the CEO.



Reference HR 2.5 - Employment Offer

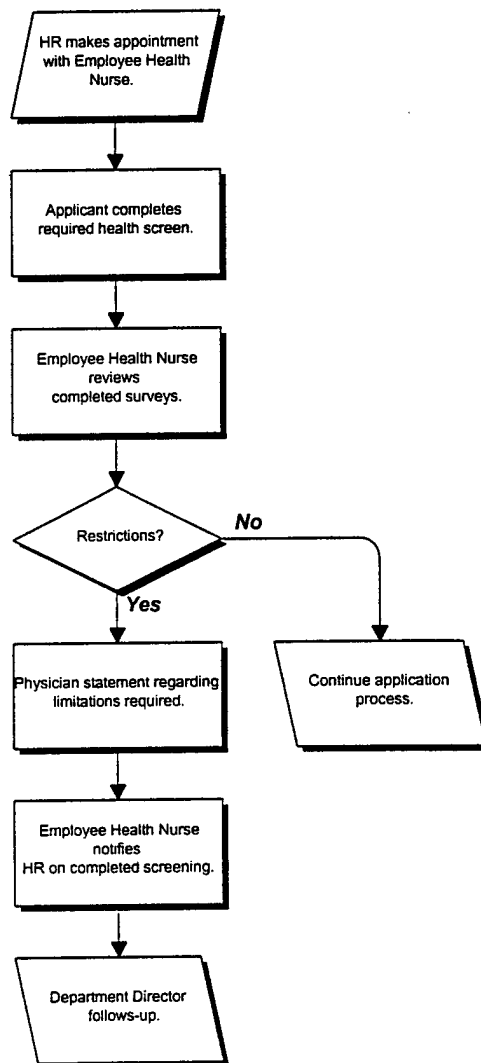
Policy: The selection and tentative offer of employment below the Department Head level is made by the Department Head. In compliance with all applicable State and Federal laws, applicants will be selected for employment without regard to race, color, religion, sex, national origin, age or handicap.



Reference HR 2.6 - Health Screening

Policy: Health Screens required initially for all selected applicants;
annual updates required for all employed staff.

Selected Applicants



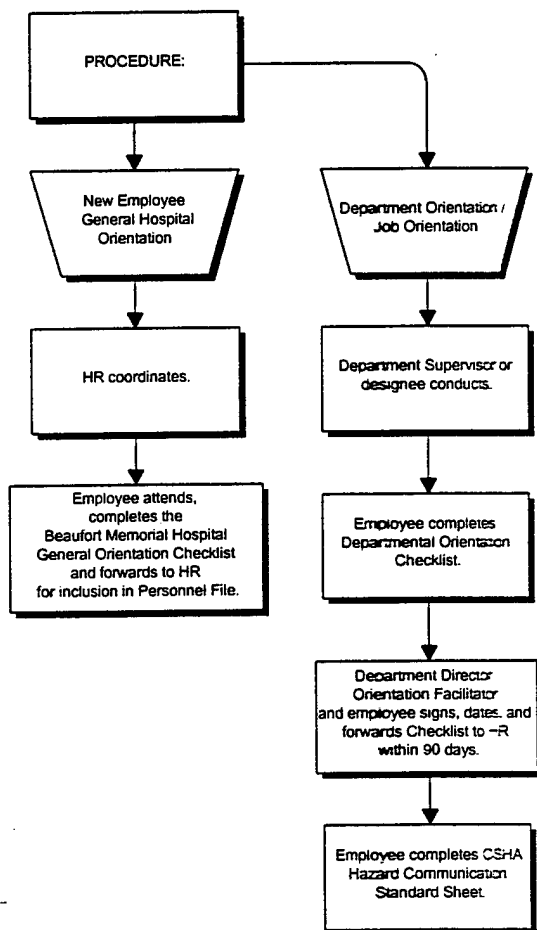
Reference HR 2.8 & 2.9 - Orientation

Policy:

The orientation program shall be conducted in three stages: the overall general hospital orientation, department orientation, and job orientation.

Every new employee, including those re-employed who have not attended orientation within the past twelve months, will attend general hospital orientation.

The purpose is to provide information that will assist the employee to adjust to his/her new role at Beaufort Memorial Hospital.



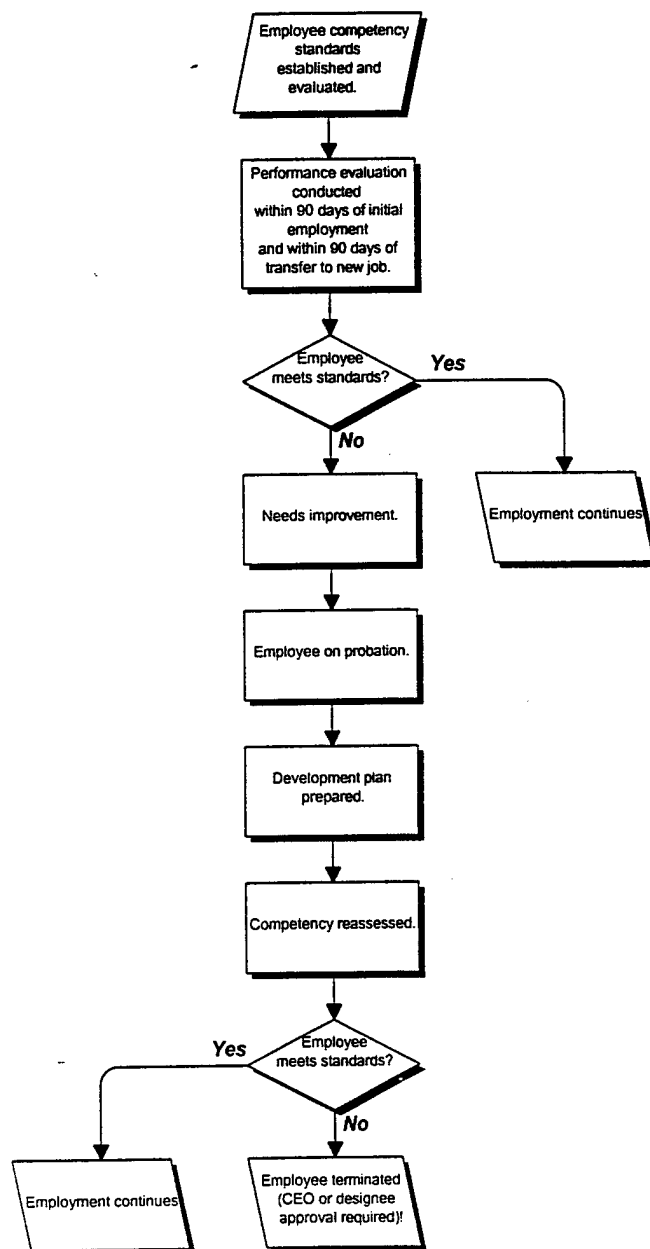
Attachment:

- Beaufort Memorial Hospital General Orientation Checklist
- Departmental Orientation Checklist

Policy:

Reference HR 2.10 Performance Evaluations

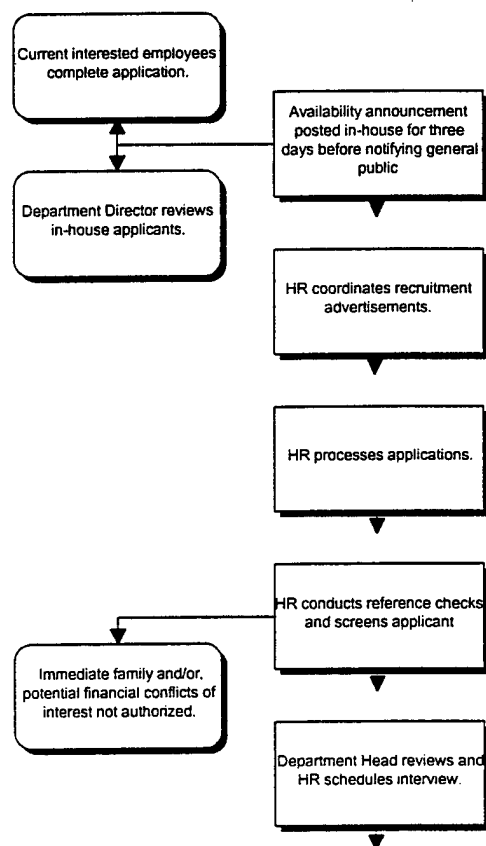
Performance evaluations are scheduled on a regular basis to provide formal communication regarding work performance and to ensure that hospital staff are competent to carry out the assigned duties of their positions. The following procedure applies to all hospital employees except the CEO/President and Physicians employed by the hospital. The evaluation of the hospital's CEO is conducted by the hospital's Board of Trustees. Physicians employed by the hospital are evaluated through the Medical Staff credentialing process.



Attachment: Annual Performance Feedback Tracking Flowchart

REFERENCE HR 2.19 - Recruitment of Applicants and HR 2.20 - Employment Process

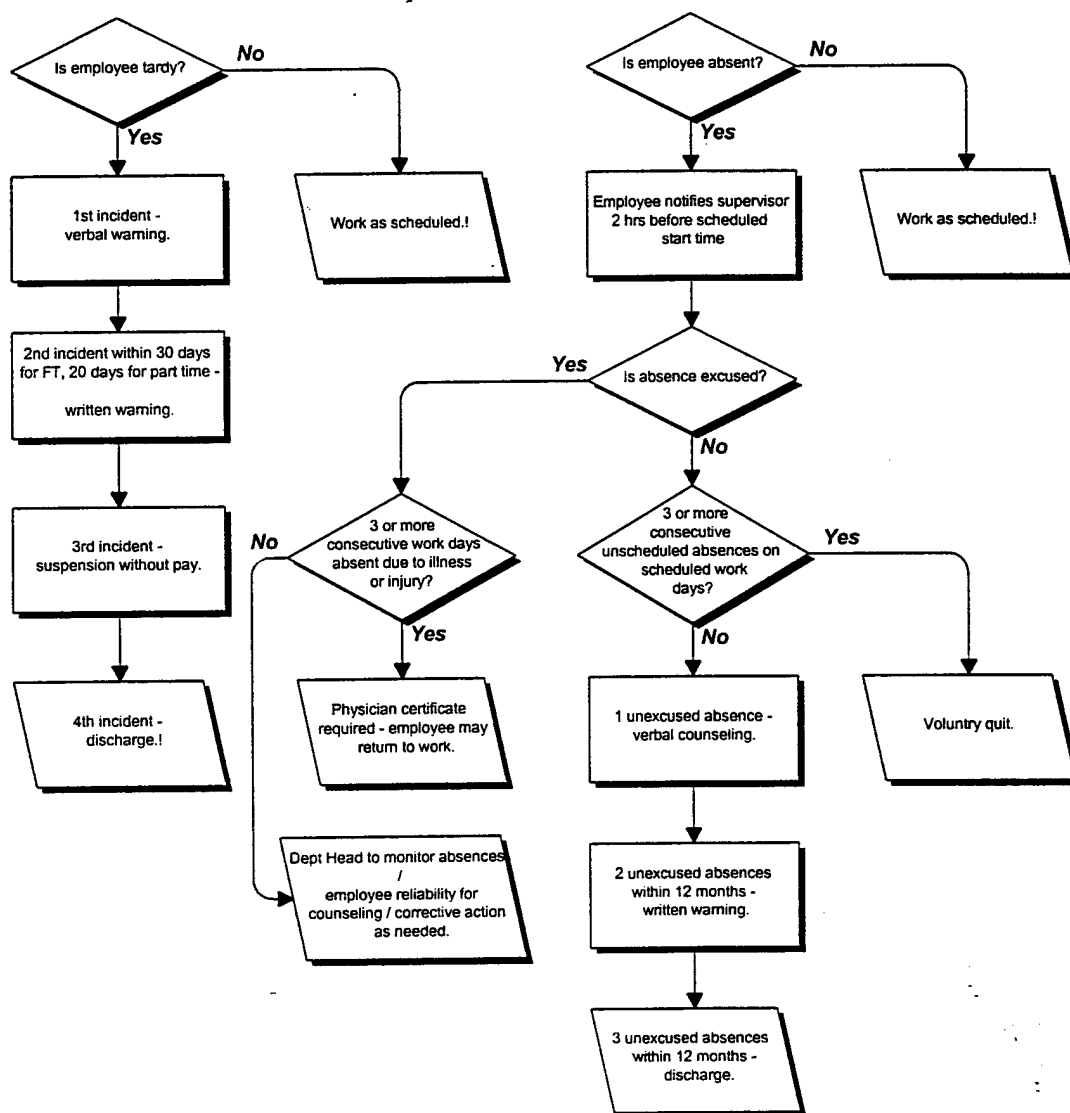
Policy: In compliance with the provisions of all applicable State and Federal Civil Rights laws, every effort will be made to procure applications of the most qualified individuals without regard to race, color, religion, sex, national origin, age or handicap. BMH will continually accept applications for all positions in the hospital. Applications will remain active for a period of three months from the date received and then be placed in the inactive file for 9 months. After one year, all applications will be discarded.



Attachment: BMH Employment Process Flowchart

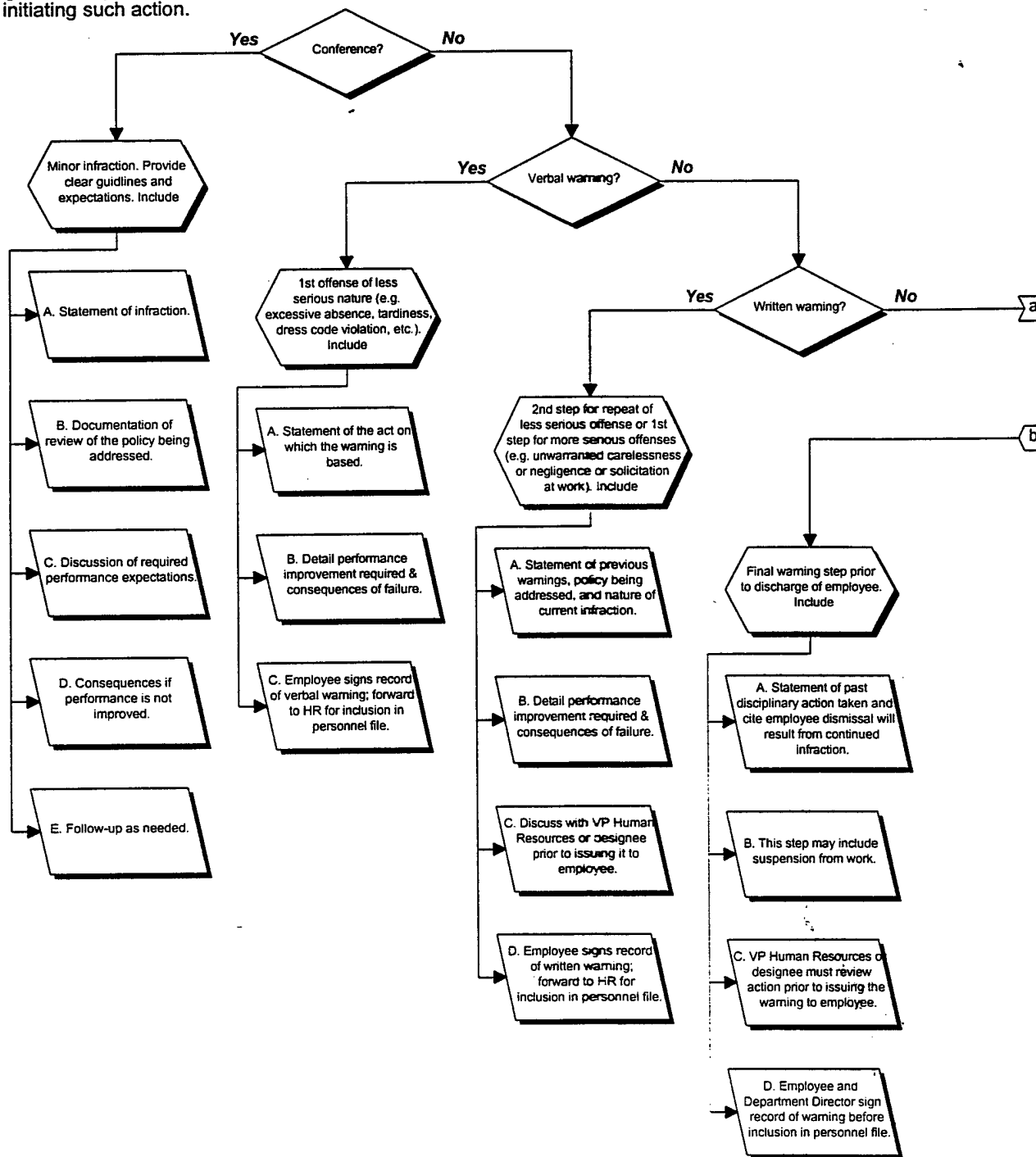
Reference HR 3.8 - Attendance

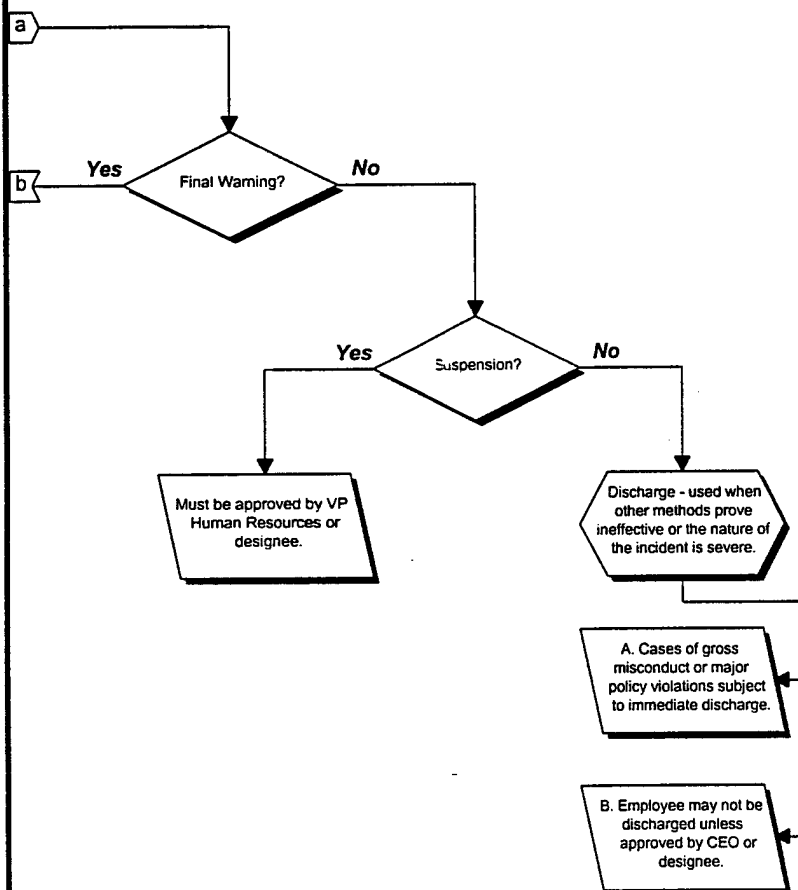
Policy: The efficient operation of the hospital and quality care of our patients depends upon the constant and timely presence of each employee. Constant and timely presence of each employee is expected and required as a condition of employment.



Reference HR 3.10 - Progressive Disciplinary Action

Policy: Management must recognize the importance of providing employees with fair treatment and every opportunity to adhere to hospital policies. Note though, the following is intended as a guide. Actions a Department Director deems serious enough may result in disciplinary action, up to and including immediate discharge without previous warning. Department Directors must first contact Human Resources before initiating such action.

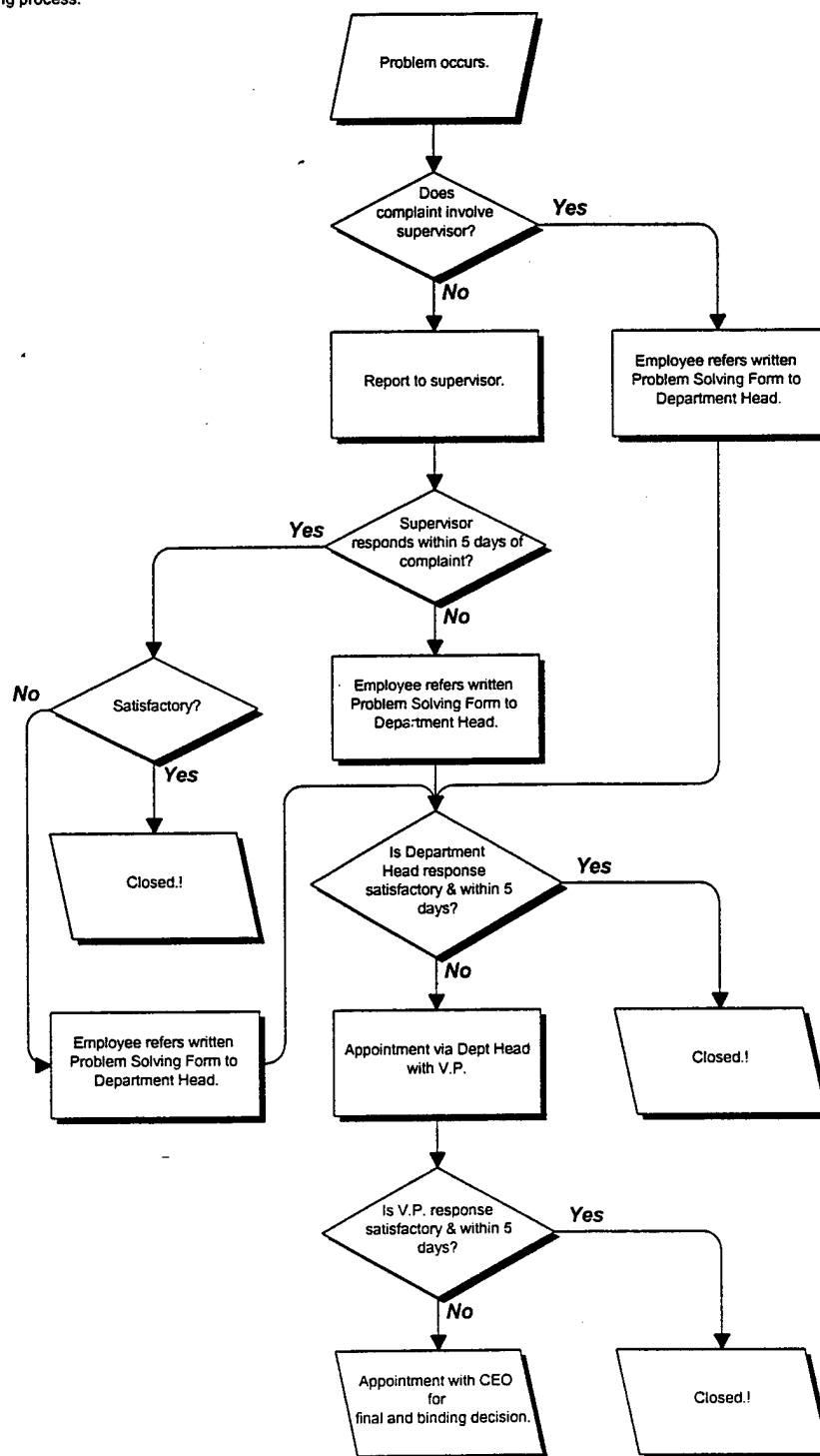




Employees who wish to file a formal grievance regarding disciplinary action taken against them, should refer to the Problem Solving Policy - HR 3.13

Reference HR 3.13 - Problem Solving

Policy: BMH recognizes the need for a formal non-adversarial system for resolving grievances. An employee who has a complaint or problem should attempt to resolve it informally. All complaints and suggestions will be given prompt and objective consideration in an atmosphere of mutual assistance. The following taken from the reference (HR 3.13) flowcharts the problem solving process.

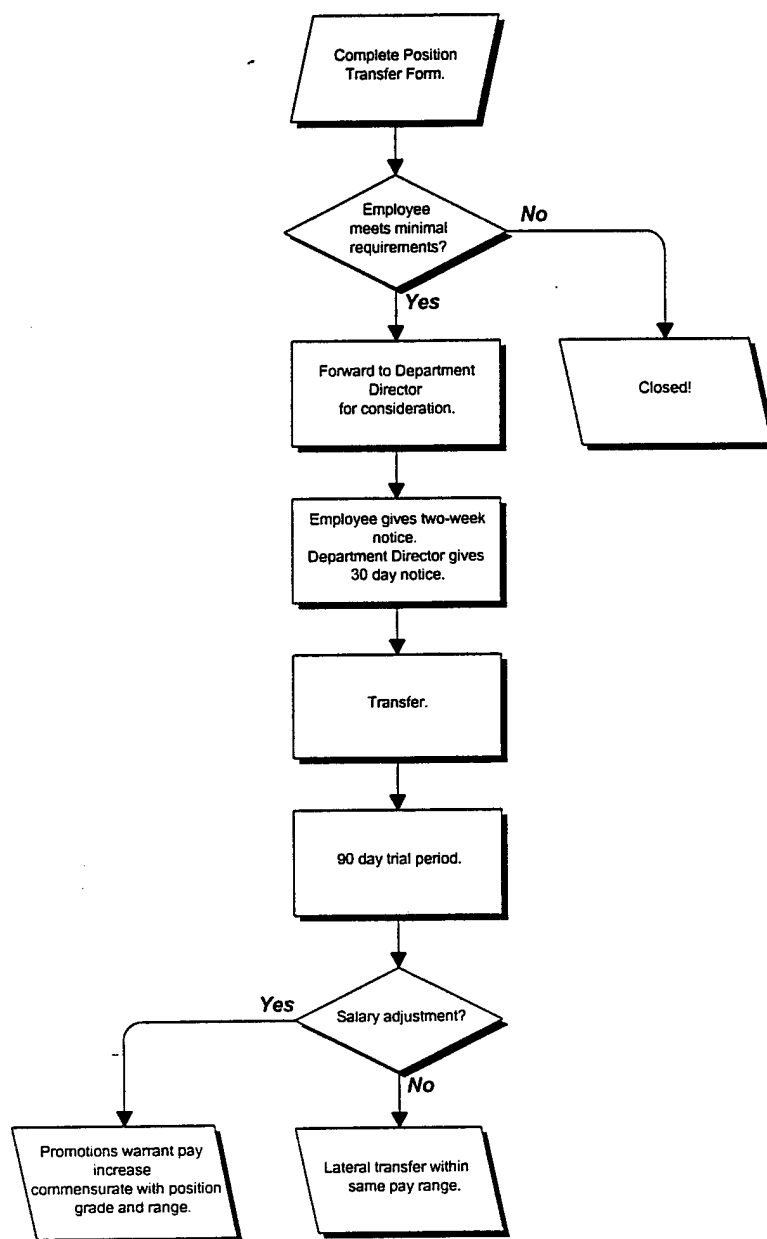


Attachment: Employee Problem Solving Form (available in Human Resources Office)

Reference HR 4.12 - Transfer

Policy: Employees are encouraged to apply for any posted vacant positions for which they are interested and qualified. A minimum of one year employment at Beaufort Memorial is required prior to being considered for another position. Exceptions will include:

1. Part-Time & PRN employees interested in applying for a full-time position;
2. Employees applying for a transfer with the same service/department.



Employees will receive consideration for promotion without discrimination because of race, creed, color, sex, age, national origin or handicap.

APPENDIX D

DRAFT DEPARTMENT DIRECTOR USER & INFORMATION MANUAL HTML
DOCUMENT

HTML document title page 96

Welcome to the Beaufort Memorial Hospital

Department Director User & Information Manual

Introduction

- The purpose of this document is to provide a source of ready reference relative to the operations and policies of Beaufort Memorial Hospital. It is designed to augment existing policy and procedure manuals, not to replace them. Rather, its intents are to enhance organizational communication, increase operational efficiency and effectiveness, decrease process variation and duplication, decrease resource waste, and increase interdepartmental collaboration. As with all processes and services provided by the BMH family, the impetus behind this manual is to promote alignment with the BMH mission, vision, values, and tenets of operations.
 - This document is dynamic in nature, designed to be easily updated as necessary. Its format is a result of an organizational analysis and needs assessment obtained through survey and interview feedback with BMH Department Directors. Process "owners" should update changes to information and process flowcharts as they occur, and coordinate distribution of these changes via Sandy Gordin, VP Human Resources
-

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BMH Statistics
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Management Expectations
Board of Trustees and Hospital Foundation
Medical Specialties & Services
Key Customers
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Points of Contact
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Emergency Codes
INTERNET Sources
Problem Solving

Last updated on 4/28/98

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6. AUTHOR(S) LT DAVID D. MULLARKEY, MSC, USN, CHE				
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14. SUBJECT TERMS ORIENTATION PROGRAM, MID-LEVEL MANAGER, MANAGEMENT DEVELOPMENT			15. NUMBER OF PAGES 96	
			16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT N/A	18. SECURITY CLASSIFICATION OF THIS PAGE N/A	19. SECURITY CLASSIFICATION OF ABSTRACT N/A	20. LIMITATION OF ABSTRACT UL	